

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

September 24, 2020



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 24, 2020.

The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m.

In accordance with section 418.016 of the Texas Government Code, Governor Abbott, as part of his Disaster Declaration related to COVID-19, has suspended various provisions of the Open Meetings Act including the requirement that government officials and members of the public be physically present at a specified meeting location for a Board meeting. In compliance with this suspended rule, the Tri-County Board of Trustees meeting will convene via teleconference at 10:00 a.m. at the number listed below. The public is invited to call and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

Teleconference Line: **800-719-7514**
Access Code: 963492
[www.tcbhc.org/board-documents-September 2020 Board Packet](http://www.tcbhc.org/board-documents-September-2020-Board-Packet)

In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

- I. Organizational Items**
 - A. Chair Calls Meeting to Order
 - B. Public Comment
 - C. Quorum
 - D. Review & Act on Requests for Excused Absence
- II. Approve Minutes - July 23, 2020**
- III. Executive Director's Report - Evan Roberson**
 - A. Center Operations Update
 - Plan for Day Habilitation Reopening
 - B. CCBHC Update
 - C. New Crisis Stabilization Unit Funds
 - D. Cleveland Land Purchase
- IV. Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2020 Audit
 - B. FY 2021 Budget and Revisions
 - C. CFO Consortium
 - D. Worker's Compensation Audit

V. Program Committee

Action Items

A. Approve the Mental Health (MH) Local Plan for Fiscal Years 2020-2021	Pages 11-78
B. Appoint New Mental Health Planning Network Advisory Committee Members	Page 79
C. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members	Page 80
D. Reappoint Mental Health Planning Network Advisory Committee Members	Page 81
E. Approve FY 2021 Goals and Objectives	Pages 82-99

Information Items

F. Community Resources Report	Pages 100-104
G. Consumer Services Report for July and August 2020	Pages 105-107
H. Program Updates	Pages 108-114
I. Annual PNAC Reports	Pages 115-117
J. FY 2020 Goals and Objectives Progress Report 4 th Quarter	Pages 118-123
K. 4 th Quarter FY 2020 Corporate Compliance and Quality Management Report	Pages 124-127
L. Annual Corporate Compliance Report & 1 st Quarter FY 2021 Corporate Compliance Training	Pages 128-130
M. Update on the FY 2020-2021 Local Provider Network Development (LPND) Plan Review by the Regional Planning and Network Advisory Committee (RPNAC)	Pages 131-132

VI. Executive Committee

Action Items

A. Annual Election of FY 2021 Board Officers	Page 133
B. Executive Director's Evaluation, Compensation & Contract for FY 2021	Page 134
C. Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees	Pages 135-137
D. Appoint Texas Council Representative and Alternate for FY 2021	Page 138
E. Reappoint Consumer Foundation Board of Directors	Page 139

Information Items

F. Personnel Report for July and August 2020	Pages 140-144
G. Texas Council Risk Management Fund Claims Summary for August 2020	Pages 145-146
H. Board of Trustees Reappointments and Oaths of Office	Pages 147-155
I. Board of Trustee Committee Appointments	Page 156
J. Analysis of Board Members Attendance for FY 2020 Regular & Special Called Board Meetings	Pages 157-158
K. Dates of Scheduled Board Meetings for Calendar Year 2021	Page 159
L. Texas Council Quarterly Board Meeting Update	Page 160

VII. Business Committee

Action Items

A. Approve July 2020 Financial Statements	Pages 161-176
B. Approve FY 2020 Year End Budget Revision	Pages 177-180
C. Approve Proposed FY 2021 Operating Budget	Pages 181-184
D. Ratify Banking Services with JP Morgan Chase Bank, N. A.	Pages 185-186
E. Ratify Dues Commitment and Payment Schedule for the Texas Council	Pages 187-189
F. Ratify FY 2021 Avail Solutions, Inc. Contract	Page 190
G. Ratify the FY 2021 Cypress Creek Inpatient Hospital Contract	Page 191
H. Ratify the FY 2021 Kingwood Pines Inpatient Hospital Contract	Page 192
I. Ratify FY 2021 Woodland Springs Contract	Page 193
J. Ratify HHSC (DSHS) Treatment Adult Services (TRA) Contract No. HHS000663700009	Page 194
K. Ratify HHSC Co-Occurring Mental Health (COPSD) Substance Abuse Services Contract No. HHS000886900001	Page 195
L. Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract No. HHS000663700100	Page 196
M. Ratify HHSC Contract No. HHS000477100006, Community Mental Health Grant Program (HB13)	Page 197
N. Ratify HHSC Contract No. HHS000183000001, Amendment No. 4, Mental Health First Aid	Page 198

O. Ratify the FY 2021 HHSC IDD Performance Contract No. HHS000609300001.....	Page 199
P. Ratify FY 2021 HHSC Contract No. HHS000693900003, Children’s Autism Grant Program.....	Page 200
Q. Ratify East Texas Behavioral Healthcare Network (ETBHN) Services Contract.....	Page 201
R. Independence Oaks Apartments.....	Page 202

Information Items

S. Review Preliminary Financial Statements for August 2020.....	Pages 203-216
T. 4 th Quarter FY 2020 Investment Report.....	Pages 217-221
U. Board of Trustees Unit Financial Statement for July and August 2020.....	Pages 222-224

VIII. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney and Section 551.072, Real Property & Section 551.074, Personnel: Executive Director Evaluation.

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

July 23, 2020

Board Members Present:

Patti Atkins
Gail Page
Jacob Paschal
Morris Johnson
Tracy Sorensen
Richard Duren
Janet Qureshi
Sharon Walker

Board Members Absent:

Tri-County Staff Present:

Evan Roberson, Executive Director
Kenneth Barfield, Director of Management Information Systems
Catherine Prestigiovanni, Director of Strategic Development
Sara Bradfield, Director of Adult Behavioral Health
Melissa Zemencsik, Director of Child & Youth Behavioral Health
Darius Tuminas, Controller
Tabatha Abbott, Cost Accountant
Ava Green, Executive Assistant

Via Teleconference:

Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management and Support
Amy Foerster, Chief Compliance Officer
Kathy Foster, Director of IDD Provider Services
Kelly Shropshire, Director of IDD Authority Services
Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present:

Via Teleconference:
Captain Tim Cannon, Montgomery County Sheriff's Office

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:08 a.m. via teleconference.

Public Comment: There was no public comment.

Quorum: There being eight (8) Board Members present via teleconference, a quorum was established.

Resolution #07-23-01

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Gail Page, Sharon Walker, Janet Qureshi and Tracy Sorensen that it be...

Resolved:

That the Board approve the minutes of the May 28, 2020 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

- Operational Updates
- Grant Notifications
- Increase Service Demand

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2021 Budget Update
- FY 2020 Year End Budget Revision
- FY 2020 Audit
- Fixed Asset Inventory
- Texas Council Risk Management Fund Update

PROGRAM COMMITTEE:

Resolution #07-23-02

Motion Made By: Jacob Paschal

Seconded By: Janet Qureshi, with affirmative votes by Morris Johnson, Gail Page, Sharon Walker, Richard Duren and Tracy Sorensen that it be...

Resolved:

That the Board appoint Jeriann Renard as the new Mental Health Planning Network Advisory Committee Member to a two year term which expires August 31, 2022.

Resolution #07-23-03

Motion Made By: Jacob Paschal

Seconded By: Sharon Walker, with affirmative votes by Morris Johnson, Gail Page, Janet Qureshi, Richard Duren and Tracy Sorensen that it be...

Resolved:

That the Board approve the Provider Network Development Plan for FY 2020-2021.

Resolution #07-23-04

Motion Made By: Jacob Paschal

Seconded By: Janet Qureshi, with affirmative votes by Morris Johnson, Gail Page, Sharon Walker, Richard Duren and Tracy Sorensen that it be...

Resolved:

That the Board approve the Mental Health Quality Management and Utilization Management Plan for FY 2020-2021.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for May and June 2020 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2020 Goals and Objectives Progress Report was reviewed for information purposes only.

The 3rd Quarter FY 2020 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 4th Quarter FY 2020 Corporate Compliance Training was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Board Chair, Patti Atkins, nominated Morris Johnson, Jacob Paschal and Tracy Sorensen to the Nominating Committee for the FY 2021 Board Officers. Morris Johnson was chosen as the Chair of this committee.

Board Chair, Patti Atkins, nominated Gail Page, Sharon Walker, Richard Duren and Janet Qureshi to the Executive Director's Evaluation Committee. Gail Page was chosen as the Chair of this committee.

Resolution #07-23-05

Motion Made By: Jacob Paschal

Seconded By: Gail Page, with affirmative votes by Morris Johnson, Janet Qureshi, Sharon Walker, Richard Duren and Tracy Sorensen that it be...

Resolved:

That the Board approve the revision to Board Policy E.24, Retention of Fund Balance.

Resolution #07-23-06

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Richard Duren and Gail Page that it be...

Resolved:

That the Board ratify the revisions to Board Policy F.3, Leave.

The Personnel Reports for May and June 2020 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for June 2020 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #07-23-07

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve the May 2020 Financial Statements.

Resolution #07-23-08

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve the June 2020 Financial Statements.

Resolution #07-23-09

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve the recommendation for the FY 2021 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long Term Disability Plans.

Resolution #07-23-10

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Richard Duren and Gail Page that it be...

Resolved:

That the Board approve the Amendment to the Interlocal Agreement to participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Worker's Compensation Coverage.

Resolution #07-23-11

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Richard Duren and Gail Page that it be...

Resolved:

That the Board approve the purchase of property on Liberty Street in Cleveland, Texas and authorize the sale of 302 Campbell Street in Cleveland, Texas.

Resolution #07-23-12

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve the purchase of a 2020 Ford Edge vehicle for center staff.

Resolution #07-23-13

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Jacob Paschal, Janet Qureshi, Sharon Walker, Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board ratify rental and installation of a portable building in Cleveland, Texas.

Tri-County's 2018 990 Tax Return was reviewed for information purposes only.

The 3rd Quarter FY 2020 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for May and June 2020 was reviewed for information purposes only.

The Tri-County Consumer Foundation Board Update was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:20 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.

The meeting of the Board of Trustees reconvened at 11:38 a.m. to go into regular session.

Resolution #07-23-14

Motion Made By: Morris Johnson

Seconded By: Gail Page, with affirmative votes by Sharon Walker, Patti Atkins, Richard Duren and Jacob Paschal that it be...

Resolved:

That the Board authorize recommendation to issue settlement demand letter to Cook Construction and further authorize the Executive Director to negotiate the settlement for Board review and approval.

The regular meeting of the Board of Trustees adjourned at 11:40 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date



Executive Director's Report

September 24, 2020

Announcements

- The next regular Board meeting will be on October 22, 2020. At the October meeting, I have invited Texas Council staff to visit with us about the upcoming Legislative Session.
- The Texas Council Annual Conference was rescheduled for December 17th-19th this year, but it looks like this event will be cancelled due to ongoing concerns about COVID-19. In addition, at this point at least, we still don't have any confirmation that there will be a National Council for Behavioral Health conference which was scheduled to be in Denver, May 3rd-5th.
- After consulting with our Board Chair, I have decided to cancel the From the Heart/Toys for the Holidays event this year. While we hated to cancel this event, the logistics of managing the purchasing and distribution of gifts, not to mention fundraising, looked to be very challenging. We look forward to getting this event back up and running for FY 2021.
- I had the opportunity on the 17th of this month to visit with the Woodlands Township Board via Zoom, at their regularly scheduled board meeting, regarding the impact of COVID-19 on the mental health of our community. As you will see in the Program Updates, we continue to have record numbers of persons seeking care from our Center, many for the first time in their lives.
- Our 'virtual birthday cake' today is in honor of our Board Chair, Ms. Patti Atkins, who celebrated her birthday on August 5th, and Ms. Sharon Walker who celebrated on September 16th.

Center Operations Update

We continue to operate much as we have for the last few months. Our internal numbers of persons with the virus and those that have been in monitoring protocols reached zero for a few days, but is now increasing rapidly again.

It remains the case that most of the folks who have been infected with COVID-19 have clearly picked up the virus in their private lives, including several who have brought the virus in from their second job, based on the limited tracking we have done. Our screening, distancing and

cleaning protocols at our offices continue to be effective in keeping the virus out of our service facilities for the most part.

We are screening every person, staff, client and visitor, as they come in our buildings and our 'runners' have done a great job cleaning up behind all of us. We appear to have adequate PPE to open up operations when needed.

The community need for mental health services appears to be at an all-time high. We are bracing for significantly increased demand and are already experiencing this in our Substance Use Disorder area, Routine Mental Health Outpatient services, and are receiving more and more requests coming in from the schools.

We have given notice to our Child and Youth Rehabilitation Specialists that work with kids in the schools, that we may start to bring them back to work in the next couple of weeks if the virus does not begin increasing significantly. We have heard from many school administrators who are eager for us to work with these kids again. The report from these school administrators has been that the kids we serve are not doing well at all and need more support.

I continue to make operational decisions cautiously, but we obviously need to be responsive to the needs in our community as well.

Plan for Day Habilitation Reopening

We have decided to open our smallest Day Habilitation site in Cleveland on October 5th unless the virus numbers begin climbing significantly in the interim. We will use this site to test our virus protocols and make sure that we can keep clients and staff safe. If this reopening is successful, we will consider reopening another site a few weeks later. Kathy Foster and her team are busy contacting families about this opportunity, and interestingly, some of the families that have been eager to see the program reopen are now unsure if they will have their family member attend the site. It seems that folks are eager to return to 'normal,' but are not so sure about returning at that time.

CCBHC Update

I am excited to report that we had our initial site review call with HHSC on August 31st. The CCBHC Leadership Team at Tri-County submitted our 1300+ page policy manual to the HHSC review team as requested, and they will be reviewing these documents for the next 2-3 months. In the interim, several Tri-County CCBHC Leadership Team members are working to prepare our staff for HHSC interviews sometime in November or December of 2020. If all goes well, we hope to be Certified early in calendar 2021.

New Crisis Stabilization Unit Funds:

Our Crisis Stabilization Unit, the licensed 16-bed facility located within the Psychiatric Emergency Treatment Center, is one of only four CSUs in the state of Texas. There are many reasons why these types of facilities are less common, but the most significant reason is that the cost of

running these facilities is very high. Currently the cost of our CSU is approximately 3.5 million per year and the state grant that we have received is for 1.7 million dollars. Initially we had approximately \$500,000 in local match funding for the budget of the CSU, but all of those dollars, except for \$50,000 or so a year from the United Way, have been gone since 2012. As a result, the remaining funds must come from other Center operations. We only have funding available from general operations because the 1115 Transformation Waiver programs were written so that we can use the money to enhance Crisis Services.

During the last Legislative Session, the Chief Executive Officer from Hill Country MHDD Services, who runs one of the four CSUs, pushed unsuccessfully for additional funding to make the CSUs financially solvent. Since then, several of the EDs/CEOs have been in conversation with HHSC Crisis Services staff about the financial status of the CSUs and need for additional funding.

A couple of weeks ago, HHSC contacted me and agreed to provide \$470,712 in additional funding for operations of our CSU. While this funding will not eliminate the 1.8 million dollar deficit, we were very grateful for this attempt to keep our CSU solvent.

Cleveland Land Purchase Update:

I received approval of the Real Property Acquisition and Construction Review Form, along with all of the supporting documents for the Cleveland property which were submitted from HHSC. All three County Judges were excited about the project and look forward to our next steps to meet the needs in Cleveland. Two of the three judges specifically cited the Board's leadership in their approval of the land purchase.

The property was purchased on September 9th and we look forward to the next steps in Cleveland, Texas.

CHIEF FINANCIAL OFFICER'S REPORT

September 24, 2020

FY 2020 Audit – We had our first virtual week with the auditors from August 31th to September 4th. This week, they focused on Single Audit Testing and Compliance for grants. They normally look at the following types of grant compliance: eligibility, matching, procurement procedures, reporting, and whether expenses are allowable by the grant. They spoke to program managers to assess for any risk in their program areas. They will also be reviewing our internal controls. Most of our grants have waived the matching requirements during the COVID period, and that is a relief since some of our earnings did not meet the normal levels.

We also talked about any new funding since last year, as well as the dollar size of new programs, in order to see if they meet single audit requirements for a more in-depth look.

The second virtual visit is scheduled for October 26th. This week will be spent on financial testing. They will be looking at the detailed balances of our accounts, verifying proper approvals on check requests, and confirming our accounts receivable balances. We received a list of items that we have been working on, and we have been sending them the requested information for their first visit in order to be reviewed.

Regarding the audit, it should also be noted that we received an email on August 26th from our lead auditor, Katy O'Shields. She informed us of her resignation from Eide Bailly, LLP, with her last day being September 4th. She had been with Eide Bailly for 10 years, and she is moving to another accounting firm in the Abilene area. For this reason, we will need to transition to another lead person during this year's audit. This is just keeping in line with how weird 2020 can be.

FY 2021 Budget – As you can see in the board packet, we have completed the FY 2021 beginning budget. This is, and will continue to be, a challenging time with some of our revenue categories. I would not expect FY 2021 to end as well as we did for FY 2020. We had to make some decisions based on the current environment in which we are operating. The good news is that we have had four plus months of COVID operations to give us a baseline as to what to expect and how to trend out from here. The FY 2021 budget is based on six months of COVID operations and six months of historically normal operations. So, without having a crystal ball, this was our best option for predicting the upcoming year.

That being said, we expect to be doing budget revisions on a quarterly basis throughout fiscal year 2021. We hope it will be due to positive variances, but we will not know until we see how the year progresses.

CFO Consortium – We have not had a CFO meeting since last January. There are many things happening that affect all of the centers across the state, and the CFOs would normally get together and talk about these things. Last month, the group finally started talking about getting a Tele-video meeting setup for the group in the near future.

Normally, our meetings last a day and a half and have updates from the state and Texas Council. A four hour virtual Zoom meeting is scheduled for October 2nd. We have not received a list of specific agenda items at this time, but we have plenty of things going on for us to talk about. Topics that are relevant, and current issues that are affecting us all include: centers that are currently going through the CCBHC certification process, feedback to assist centers with this process, and the upcoming legislative session and how it may affect centers – this information comes from the Texas Council. It has been nice not to travel for a while, but we are also missing out on information that we would normally get from these meetings.

Workers Compensation Audit – We received notice of our FY 2020 Workers Compensation Audit. Texas Council Risk Management Fund's Contractor will be conducting a remote audit in early October. To assist with the audit we will be preparing the following:

- TEC reports for all quarters during the audit period (09/01/2019 - 09/01/2020)
- Federal 941 reports for all quarters during the audit period
- General Ledger detail
- Journal of Cash Disbursements
- General liability
- List of subcontractors and copies of their certificates of insurance for general liability coverage

They will be reviewing all the above documents for FY 2020. A reconciliation will be completed, which will compare the actual payroll and contractor payments to our monthly workers compensation payment that is submitted throughout the fiscal year. The process usually takes a couple of months before we get the final results from the audit.

<p>Agenda Item: Approve the Mental Health (MH) Local Plan for Fiscal Years 2020-2021</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services. In the past, Tri-County had a combined Local Plan for mental health (MH) and intellectual and developmental disabilities (IDD) services. In 2008, a Local Planning and Network Development statute required the development of a separate plan for mental health services.</p> <p>For Fiscal Years 2020 and 2021, staff completed the planning process for stakeholders of persons with mental health and substance use disorders. Multiple collaborative planning meetings were held with stakeholders throughout the past year and an additional three (3) planning meetings were held to ensure that community members had the ability to participate in planning sessions. In addition to face-to-face meetings, staff distributed surveys to stakeholders.</p> <p>The Mental Health Local Plan serves as the main mental health planning document for the Center and includes Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development including Jail Diversion.</p>	
<p>Supporting Documentation:</p> <p>Mental Health Local Plan for Fiscal Years 2020-2021</p>	
<p>Recommended Action:</p> <p>Approve the Mental Health Local Plan for Fiscal Years 2020-2021</p>	



Consolidated Local Service Plan FY 2020 - 2021

Health and Human Services Commission

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local
Behavioral Health Authorities

Fiscal Years 2020-2021

Due Date: September 30, 2020

Submissions should be sent to:

Performance.Contracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

Health and Human Services Commission

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Health and Human Services Commission

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

Health and Human Services Commission

Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
 - *Screening, assessment, and intake*
 - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
 - *Extended Observation or Crisis Stabilization Unit*
 - *Crisis Residential and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Services for individuals with Intellectual Developmental Disorders(IDD)*
 - *Services for youth*
 - *Services for veterans*
 - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	233 Sgt. Ed. Holcomb Blvd. Conroe 77304	Montgomery	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Supported Housing and Employment Support for Adults and Transition Age Youth (TAY) • Criminal Justice Services (Adults)

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Substance Use Disorder (SUD) Screening, Assessment, Outpatient Treatment, and Treatment for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (Adults and Children) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Determination of Eligibility, Intake, Service Coordination, and Crisis Intervention • IDD Supported Employment • Tri-County Autism Program • Integrated Healthcare • Veterans Counseling, Case Management, and Military Veteran Peer Network (MVPN) Mentorship Program • Peer Services • Continuity of Care and Care Coordination
Tri-County Behavioral Healthcare	706 FM 2854 Conroe 77301	Montgomery	<ul style="list-style-type: none"> • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Crisis Stabilization Unit (CSU) • Extended Observation Unit (EOU) • Mobile Crisis Outreach Team (MCOT) • Crisis Intervention Response Team (CIRT) • IDD Crisis Assessment and Intervention • Peer Services • Continuity of Care and Care Coordination

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tri-County Behavioral Healthcare	7045 Highway 75 S. Huntsville 77340	Walker	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer Services • Continuity of Care and Care Coordination
Tri-County Behavioral Healthcare	2004 Truman Cleveland 77327	Liberty	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention

Health and Human Services Commission

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Peer Services • Continuity of Care and Care Coordination
Tri-County Behavioral Healthcare	2000 Panther Lane Liberty 77575	Liberty	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer Services • Continuity of Care and Care Coordination
Kingwood Pines Hospital	2001 Ladbroke Drive Kingwood 77339	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults, Children and Youth 5 and over)
Cypress Creek Hospital	17750 Cali Drive Houston 77090	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Youth over 12)
Aspire Hospital	2006 South Loop 336 W. #500 Conroe 77304	Montgomery	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults)
Baptist Hospitals of Southeast Texas	3080 College St. Beaumont 77701	Jefferson	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults)
Woodlands Springs Hospital	15860 Old Conroe Rd. Conroe 77384	Montgomery	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Youth over 12)
Sun Behavioral Houston Hospital	7601 Fannin St. Houston 77054	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Children)

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY19 – March FY20	East Montgomery County Crisis Clinic (EMCC) was established to treat adults with serious mental illnesses who were experiencing a crisis and to provide law enforcement with an additional drop off site option in Montgomery County. This program was developed in order to provide individuals in East Montgomery County with crisis options near their place of residence and to assist with diversion from emergency rooms and jails when appropriate. This program ended mid-year 2020 due to loss of our local match partner.	Montgomery County	Adults	FY19: 247 FY20: 200

I. C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY19 – FY20	The Expanded Substance Use Disorder Engagement Program is designed to address identified critical gaps in care, including access to behavioral health services focused on the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD) using evidence-based practices, as well as transportation to allow for connection to treatment. Using an integrated approach to care, this program combines therapeutic interventions, case management, psychoeducation, and skills training to promote movement through the stages of change toward the attainment of individually defined recovery goals for those served.	Montgomery County	Adult and Youth	FY19: 169 FY20: 70

I.D Community Participation in Planning Activities

Identify community stakeholders who participated in comprehensive local service planning activities.

Note: Community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. This input may be collected through a variety of ways, including but not limited to: collaborative meetings, coordination of care for individuals served, problem solving with community partners, designated planning meetings, surveys and other feedback provided by stakeholders throughout the planning cycle.

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Local psychiatric hospital staff <i>*List the psychiatric hospitals that participated:</i> <ul style="list-style-type: none"> • Woodlands Springs • Cypress Creek • Kingwood Pines • Sun Behavioral Health • Aspire • Montgomery County Mental Health Treatment Facility 	<input checked="" type="checkbox"/> State hospital staff <i>*List the hospital and the staff that participated:</i> <ul style="list-style-type: none"> • Matthew Moravec-Gallagher, Rusk State Hospital, Director of Admissions and Social Services • Edward Mangold, Austin State Hospital, Administrative Assistant 1
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input checked="" type="checkbox"/> Outreach, Screening, Assessment, and Referral Centers
<input checked="" type="checkbox"/> County officials <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Ron Leach, Montgomery County Director of Adult Probation • Greg Arthur, Liberty County Commissioner • Vivian Boyer, Community Supervisor, Liberty County Corrections Department • Jackie Geiselman, Liberty County Indigent Healthcare (IHC) • Dwayne Gott, Liberty County Auditor • Angela Maselli, First Assistant County Auditor • Penny McMillen, Liberty County Indigent Healthcare Director 	<input checked="" type="checkbox"/> City officials <i>*List the city and the official name and title of participants:</i> <ul style="list-style-type: none"> • Raymond McDonald, Conroe City Council • Jody Czajkoski, Conroe City Council • Lynn Scott, Mayor, City of Panorama

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/> Local health departments <input checked="" type="checkbox"/> LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> ○ Access, Karen Pate and Debbie Hamilton – Regional Planning and Network Advisory Committee (RPNAC) ○ Andrews Center, Cherhonda Brown, RPNAC ○ Bluebonnet Trails Community Services, Tiffany Gonzalez and Beth McClary, RPNAC ○ Burke Center, Donna Moore, RPNAC ○ Community Healthcore, Lee Brown, RPNAC ○ Lakes Regional Center, Lisa Hagler and Jennifer Cockerham, RPNAC ○ Gulf Bend, Julia Galvan, RPNAC ○ Gulf Coast Center, Jamie White, RPNAC ○ Spindletop Center, Megan Lovell, RPNAC ○ Tri-County Behavioral Healthcare, Evan Roberson, Tanya Bryant and Chris Carni, Lisa Bradt, Diane Van Lier, Beth Dalman, Shelby Pearce, Rachel Stewart, Sara Bradfield, Shirley Uriostegui, Catherine Prestigiovanni
<input checked="" type="checkbox"/> Hospital emergency room personnel <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Probation department representatives <input checked="" type="checkbox"/> Court representatives (Judges, District Attorneys, public defenders) <i>*List the county and the official name and title of participants:</i> <ul style="list-style-type: none"> • Lisa Michalk, Montgomery County Judge • Tracy Sorenson, Walker County Judge 	<input checked="" type="checkbox"/> Emergency responders <input checked="" type="checkbox"/> Community health & human service providers <input checked="" type="checkbox"/> Parole department representatives <input checked="" type="checkbox"/> Law enforcement <i>*List the county/city and the official name and title of participants:</i> <ul style="list-style-type: none"> • Lieutenant Brian Luly, Lieutenant, Montgomery County Precinct 1 • Tim Cannon, Montgomery County SherriFF's Office, Captain

Stakeholder Type

- Kathleen Hamilton, Montgomery County Judge
- Wayne Mack, Montgomery County Judge
- Matthew Poston, Liberty County Attorney
- Daniel Plake, Montgomery County Attorney
- Jay Knight, Liberty County Judge
- Logan Pickett, Liberty County District Attorney
- Mark Keogh, Montgomery County Judge

- ☒ Education representatives
- ☒ Planning and Network Advisory Committee
- ☒ Peer Specialists
- ☒ Foster care/Child placing agencies
- ☒ Veterans' organizations

Stakeholder Type

- Dan Lafferty, Montgomery County Sherriff's Office, Detective
- Don Neyland, Liberty County Sherriff's Office, Chief Deputy
- Keith DeHart, Walker County Sherriff's Office, Lieutenant
- Rand Henderson, Montgomery County Sherriff's Office, Sherriff
- Jeff Christy, Conroe Police Department, Chief
- Bobby Rader, Liberty County Sherriff's Office, Sherriff
- Ted Smith, Liberty County Sherriff's Office, Chaplin
- Luis Jennings, Mental Health Investigator, Liberty County Attorney's Office
- Liz Polasek, Mental Health Investigator, Liberty County Attorney's Office

- ☒ Employers/business leaders
- ☒ Local consumer peer-led organizations (NAMI)
- ☒ IDD Providers
- ☒ Community Resource Coordination Groups
- ☒ Other:
 - Brenda Lavar, Community Relations for Montgomery County Mental Health Facility and Vice President of NAMI Greater Houston
 - Dede Taylor, Court Coordinator for Liberty County Judge
 - Matt Thornton, CEO, Liberty Dayton Regional Hospital
 - Melissa Richards, Social Worker, Liberty Dayton Regional Medical Center

Stakeholder Type

Stakeholder Type

- Elizabeth Kleeman, Veterans Administration (HOU), Veterans Services
- Donna Alpers, Account Executive, Angels Care Home Health
- Joan Belt, Admin-Secretary for Liberty County Judge
- Alexis Cordova, Texas A&M AgriLife

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

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| <ul style="list-style-type: none"> • Tri-County Behavioral Healthcare (TCBHC) Crisis managers participated in quarterly Mental Health Collaborative Meetings held at local hospitals. Participants included local hospital staff including emergency room personnel, judges, law enforcement, district attorneys, local private psychiatric inpatient providers, Crisis Intervention Response Team (CIRT) members, etc. |
| <ul style="list-style-type: none"> • TCBHC Criminal Justice management staff attended meetings with community stakeholders on a quarterly basis where jail diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and district attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning. |
| <ul style="list-style-type: none"> • TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Health First Aid (YMHFA), Crisis Intervention Training (CIT), general mental health overviews, information about TCBHC and services provided, trainings on military and veteran culture including trainings offered to local law enforcement to assist them with better understanding and working with veterans in mental health crises. These trainings continue to provide opportunities for and quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community. |
| <ul style="list-style-type: none"> • TCBHC Management Team and management staff representing the Child and Adolescent Department, participated in meetings with representatives from local educational institutions to discuss the mental health needs and challenges unique to their populations and improve access to mental health services for students. |
| <ul style="list-style-type: none"> • Three face to face local planning meetings were held throughout our three-county area. Two of the meetings were advertised in local newspapers, through the PNAC members, and emailed out to our stakeholder list. The third planning session was held with the Mental Health Planning and Network Advisory Committee (MHPNAC). |

- Surveys were sent to our local stakeholder list as a part of the All Texas Access Planning process from January 3, 2020 – April 3, 2020, which coincided with our internal local planning process in order to solicit feedback about mental health care in rural Texas communities. An electronic survey was sent out several months later in August by TCBHC staff as an additional local planning activity. Regional results from these surveys as well as results from the internal survey were incorporated into this plan. The All Texas Access Rusk State Hospital (RSH) Regional Survey focused on four key areas with the following results: 1) Most Helpful: Crisis Services, Counseling, and Medication; 2) Most Needed: Transportation, Counseling, and Substance Use Treatment; 3) Greatest Opportunities: Increase transportation services, Reduce wait time for services, and Increase community knowledge of the mental health network; and 4) Significant Barriers: Transportation, Lack of services in rural areas, and Lack of timely access to mental health treatment. Results of the second survey sent to stakeholders by TCBHC found similar results. Thirty-one (31) stakeholders responded including individuals served, family members, and actively involved individuals from all three counties with the following results: 1) Most Helpful: Mental Healthcare Services, Medication Management, Case Management; 2) Most Needed: Housing, Transportation, and Timely access to services.

List the key issues and concerns identified by stakeholders, including unmet service needs. Only include items raised by multiple stakeholders and/or had broad support.

- | |
|--|
| • The need for transportation |
| • The need for affordable substance use disorder inpatient treatment |
| • The need for more counseling |
| • The need for low income housing and housing for individuals with mental illness and substance use disorders (including transitional and step-down options for those coming out of inpatient treatment) |
| • Diversion of individuals from emergency rooms and jails, when appropriate |
| • The continued need for community education and awareness including a continued focus on collaborating with schools |

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Development of the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

- Regular communication between Tri-County Behavioral Healthcare (TCBHC) staff and local area representatives, including contractors, is ongoing and meetings are scheduled as needed to involve additional agencies. TCBHC currently participates in over forty (40) different meetings throughout our service area and utilizes the ongoing feedback obtained during these meetings to ensure the highest quality services are provided to those we serve, while taking into account the needs of individuals served, the community, and contractors. Key stakeholders include but are not limited to, individuals served, family members, significantly involved individuals, peers, law enforcement, emergency department staff, hospital and contract staff, school district personnel, court representatives and many other agencies throughout our service area. In addition, two face to face planning meetings were scheduled for the general public and advertised in the local papers and feedback was also sought from our Mental Health Planning and Network Advisory Committee (MHPNAC) which includes family members, community partners, advocates, peers and individuals served.

Ensuring the entire service area was represented; and

- TCBHC maintains a stakeholder list which includes representatives from around our three-county service area. Feedback is sought from key stakeholders throughout the planning year and incorporated into the Local Planning process each biennium. Additionally, surveys are tracked by County of residence to ensure feedback is collected from all service areas.

Soliciting input.

- Each planning year, information is collected from ongoing stakeholder meetings, designated local planning meetings, surveys conducted and other feedback obtained throughout the year. Feedback for this plan was solicited through a number of community meetings, two face to face local planning meetings that were advertised in local newspapers, meetings with the Mental Health Planning and Network Advisory Committee (MHPNAC) and through survey results.

II.B Utilization of the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

Note: Answers below provided from contractor: Avail Solutions

During business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 8:00am – 5:00pm 22-25 Full Time Employees (FTEs)

After business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 5:00pm – 12:00am 10-12 FTEs
- Monday – Friday 12:00am – 8:00am 8-9 FTEs

Weekends/holidays

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- 8:00am – 4:00pm 8-9 FTEs
- 4:00pm – 12:00am 8-10 FTEs
- 12:00am – 8:00am 6-8 FTEs

2. Does the LMHA/LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, please list the contractor:

- Yes, Avail Solutions.

3. How is the MCOT staffed?

During business hours

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.
- Crisis services have been greatly expanded, made possible with 1115 Medicaid Transformation Waiver funding which is currently at risk of ending in the next biennium. Expanded crisis response after hours, 24/7 walk-in services and the Extended Observation Unit (EOU) are all at risk when 1115 Medicaid Transformation Waiver Funding ends. These programs, such as the EOU, have provided us with the additional resources for community evaluation and the funding has enhanced our walk-in crisis services by increasing the number of crisis clinicians in the facility who are able to respond to community members presenting in crisis. The continued success that we are having with this program is strongly tied to these additional resources.

After business hours

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time. Additionally, technology has been set up at the Liberty/Dayton Hospital in order to facilitate after hours tele-video assessments and reduce burdens on law enforcement.

Weekends/holidays

- The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week, including holidays, and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time.

4. Does the LMHA/LBHA have a sub-contractor to provide MCOT services? If yes, please list the contractor:

- No

5. Provide information on the type of follow up MCOT provides (phone calls, face to face visits, case management, skills training, etc.).

- Following assessment, the Mobile Crisis Outreach Team (MCOT) staff will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a licensed staff or psychiatrist as needed. Additionally, staff provide follow-up and prevention services within 24 hours of the assessment including making a follow-up call to the individual or to the hospital if placement was coordinated to ensure the safety and arrival of the individual. The MCOT staff communicates with outpatient service staff to ensure appropriate follow-up for any client currently in services who has presented with crisis symptoms and may also utilize the Crisis Intervention Response Team (CIRT) to follow-up with individuals in the community who may be at higher risk for deterioration.

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- Mobile Crisis Outreach Team (MCOT) staff are routinely deployed to emergency rooms in our catchment area following triage according to clinical need by our crisis hotline service. Tri-County Behavioral Healthcare's MCOT staff are located at the Psychiatric Emergency Treatment Center (PETC) during peak hours and have the capability to respond around the clock, 24 hours a day and seven days a week. This allows staff to respond more quickly to emergency rooms and other community locations, reducing the burden on other providers. The MCOT team assesses an individual's mental health symptoms and determines what level of care is needed, which assists in getting the individual moved and connected with appropriate services as soon as is feasible.

Law Enforcement:

- Local law enforcement is familiar with the crisis services provided by Tri-County Behavioral Healthcare (TCBHC). Frequently, law enforcement brings individuals that appear to be in crisis to the Psychiatric Emergency Treatment Center (PETC) for evaluation and interventions as appropriate. Staff are available 24 hours a day, seven days a week, on site at the PETC to assist and MCOT staff are on site during peak hours at least 56 hours a week and capable of deploying 24 hours a day, seven days a week if needed in the community. Additionally, TCBHC contracts with police officers and an officer is located at the PETC to ensure safety of individuals served. Having a contract officer on site provides relief with respect to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

- Due to the distance of Tri-County Behavioral Healthcare (TCBHC) from a State Hospital, we are almost never contacted to respond to screening requests. Should a request be made, TCBHC has staff designated to collaborate with the hospital to address this need.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

During business hours:

- If an emergency room suspects or determines that an individual has mental health impairment, they should contact the crisis hotline at 1 (800) 659-6994. Staff will be deployed as appropriate to determine recommendations for appropriate level of care. Law enforcement can take a person suspected of needing inpatient care to the Psychiatric Emergency Treatment Center (PETC) in Conroe to be evaluated by staff. In parts of our service area that are further away from Conroe, law enforcement officers are encouraged to contact the crisis hotline. Crisis Hotline staff are trained to triage and, when needed, are able to facilitate a crisis assessment and connect with staff who are able to arrange hospitalization to avoid an unnecessary trip to Conroe.

After business hours:

- The same information above applies. Due to the distance of certain locations in our catchment area to the Psychiatric Emergency Treatment Center (PETC), we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our televideo equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible. Additionally, tele-video equipment has been set up at the Liberty/Dayton Hospital to facilitate these assessments.

Weekends/holidays:

- The same information above applies.

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- The Psychiatric Emergency Treatment Center (PETC) offers two different mental health programs that provide varying levels of care to individuals experiencing a mental health crisis: The Extended Observation Unit (EOU), and the Crisis Stabilization Unit (CSU). During evaluation by our treatment providers, if it is determined that the individual needs assessment or medical clearance beyond the capabilities of these programs, Emergency Medical Services (EMS) is contacted to take the individual to a local medical hospital to ensure any physical conditions are appropriately stabilized prior to addressing mental health symptoms. The PETC has developed a Medical Exclusionary Criteria, in consultation with the Center's Medical Director which guides our medical professionals on when to seek outside medical clearance. A contract Police officer is located on site to assist in areas that may require law enforcement with the purpose of reducing the burden on the criminal justice system.

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Community members needing further mental health evaluation are encouraged to call the crisis line at 1 (800) 659-6994 for immediate assistance and guidance. During evaluation, if medical clearance is determined to be needed, staff are able to refer to appropriate medical providers. If there is a need for immediate medical clearance in the community, individuals are encouraged to call 911.

11. Describe the process if an individual needs admission to a psychiatric hospital.

- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center (PETC), we coordinate hospitalization with an appropriate inpatient facility. If an individual is uninsured, we utilize one of the six hospitals that we contract with for this provision. If an individual has insurance, we explore all available options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she may meet criteria for involuntary placement at a psychiatric hospital and would be transported by constables.

12. Describe the process if an individual needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

- Individuals are assessed and offered services according to clinical need. The Extended Observation Unit (EOU) may be offered if an individual in crisis is trying to avoid a higher level of care but is likely to deteriorate without the benefit of starting or modifying psychotropic medication more immediately. If a more intensive level of care is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit (CSU) will be offered.
- For IDD clients in a mental health crisis, our crisis intervention specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to link the individual with appropriate resources such as crisis respite, as indicated.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances, staff may request law enforcement assistance with a response. In Montgomery County, the Crisis Intervention Response Team (CIRT) is typically available daily from 11:00am – 11:00pm to respond to these situations. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. For other areas where a CIRT team is unavailable, the Mobile Crisis Outreach Team (MCOT) may request the assistance of a Mental Health Peace Officer or other law enforcement personnel.

14. If an inpatient bed at a psychiatric hospital is not available:
Where does the individual wait for a bed?

- If an individual assessed at an emergency room is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric Emergency Treatment Center (PETC), staff will safety monitor at their present location until an appropriate placement has been determined.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- There are times when an individual who has been assessed at the Psychiatric Emergency Treatment Center (PETC) may have to wait to be placed in a hospital bed. If this is the case, staff will provide ongoing safety monitoring and reassess the individual for change on a regular basis until the individual is safely transported to the appropriate level of care.
- If an individual remains at the medical hospital for an extended period of time (ex: greater than 24 hours) from the original time Tri-County Behavioral Healthcare (TCBHC) staff provided an assessment, another evaluation may be needed to determine if inpatient services are still clinically indicated. If the individual is located at the PETC, staff can provide a variety of services during this time such as crisis intervention, safety monitoring, and additional psychiatric and/or nursing evaluation as needed. The PETC crisis staff will continue to assess and document the need for inpatient care during this time.

16. Who is responsible for transportation in cases not involving emergency detention?

- If the individual is located at the Psychiatric Emergency Treatment Center (PETC) and voluntarily wants to admit to an inpatient level of care, but does not have transportation, the PETC will attempt to arrange transportation to the hospital for the individual. If the individual is located at a medical facility, the medical staff at that facility will assist with coordinating transportation.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	Psychiatric Emergency Treatment Center (PETC)
Location (city and county)	Conroe; Montgomery County
Phone number	936-538-1102
Type of Facility (see Appendix A)	Crisis Stabilization Unit (CSU)
Key admission criteria (type of individual accepted)	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment.

Circumstances under which medical clearance is required before admission	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.
Service area limitations, if any	Evaluations may be completed for adults and youth at the PETC, however, admissions to the CSU are limited to adults.
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
Accepts emergency detentions?	Yes
Number of Beds	16

Name of Facility	Psychiatric Emergency Treatment Center (PETC)
Location (city and county)	Conroe; Montgomery County
Phone number	936-538-1102
Type of Facility (see Appendix A)	Extended Observation Unit (funded through 1115 Medicaid Transformation Waiver which is currently at risk to end in the next biennium).
Key admission criteria (type of individual accepted)	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment. The Extended Observation Unit (EOU) may be offered if an individual in crisis is trying to avoid a higher level of care but is likely to deteriorate without the benefit of starting or modifying psychotropic medication more immediately.
Circumstances under which medical clearance is required before admission	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.
Service area limitations, if any	Evaluations may be completed for adults and youth at the PETC, however, admissions to the EOU are limited to adults.
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
Accepts emergency detentions?	Yes
Number of Beds	4

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals? Replicate the table below for each alternative.

Name of Facility	Kingwood Pines Hospital
Location (city and county)	Kingwood; Harris
Phone number	281-404-1001
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under five years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	116 Bed Acute Care Psychiatric Hospital
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Bed

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$535/day <i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Cypress Creek Hospital
Location (city and county)	Houston; Harris
Phone number	281-586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under the age of 12, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	128 Bed Acute Care Psychiatric Facility
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency	Rapid Crisis Stabilization and Private Psychiatric Bed

Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$535/day <i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Aspire
Location (city and county)	Conroe; Montgomery
Phone number	936 647-3500
Key admission criteria	Adults, age 18 or over, at risk of harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	Aspire is able to accommodate individuals who are more medically involved, including those requiring dialysis.
Number of Beds	24 Bed Psychiatric Unit and 6 bed medical-psychiatric unit

Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Bed
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$425/day <i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$550/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Woodlands Springs
Location (city and county)	Conroe, Montgomery
Phone number	281 586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.

Service area limitations, if any	Children under 13 years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	96 Bed Behavioral Hospital
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Bed
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$475/day of admission; \$500/day each additional day <i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Baptist Hospital of Southeast Texas
Location (city and county)	Beaumont, Jefferson
Phone number	406 212-7876
Key admission criteria	Adults at risk of harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	60
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Bed
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed

If under contract, what is the bed day rate paid to the contracted facility?	\$550/day
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A
Name of Facility	Sun Behavioral Health
Location (city and county)	Houston; Harris
Phone number	713 796-2273
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.
Service area limitations, if any	Children under six years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with Intellectual and developmental disabilities who may not be able tot participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	148 Bed Behavioral Health Hospital Adult
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric	Rapid Crisis Stabilization and Private Psychiatric Bed

beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$475/day of admission; \$500/day each additional day <i>Note: This charge does not include separately billed doctor's charges. The total cost per day averages \$600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.</i>
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? If not applicable, enter N/A.

Identify and briefly describe available alternatives.

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in the Outpatient Competency Restoration Program, which includes mental health and substance use treatment services, as well as, competency education, then they are eligible for up to 180 days under court supervision.

What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

- Difficulty getting notification from the court system that a competency evaluation was ordered.
- Public safety concern related to the voluntary nature of participating in the Outpatient Competency Restoration Program.
- Individuals participating in competency restoration programs do not qualify for time served which may deter some defenders and individuals from wanting to participate in this program.
- Limited options for housing and transportation in our service area.
- Many courts were closed outside of emergency response due to COVID-19.

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged?

- The LMHA has a dedicated Jail Liaison position in Montgomery County. The liaison will interview Montgomery County Jail inmates to determine if mental illness is a factor in their incarceration and to facilitate removal from the jail system when care in the Community Center System is more appropriate.

If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- In counties without a designated Jail Liaison, jail personnel are able to call the Avail Crisis Hotline number and they will dispatch MCOT or the Tri-County Behavioral Healthcare (TCBHC) Rural Clinic Coordinator from the local clinic as appropriate. Additionally, the Administrator of Criminal Justice Services for TCBHC is frequently in contact with representatives from the criminal justice system and available to assist with any barriers or challenges that may present.

What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

- Tri-County Behavioral Healthcare (TCBHC) continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all judicial entities involved are aware of the program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the

Outpatient Competency Restoration (OCR) program when appropriate for an individual incompetent to stand trial. Additionally, Center Criminal Justice staff coordinate with State Forensic Hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious offender.

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Tri-County Behavioral Healthcare (TCBHC) is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration program.

What is needed for implementation? Include resources and barriers that must be resolved.

- At this time there are several barriers to a jail-based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

- Tri-County Behavioral Healthcare (TCBHC) frequently collaborates with community partners, such as hospitals and other treatment providers to meet the needs of individuals served. TCBHC participates in quarterly Mental Health Collaborative Meetings held at local hospitals and frequently staffs mutual cases as appropriate to ensure connection with needed services are made including psychiatric, physical health and substance use treatment services.
- Adult and Youth Outpatient Substance Use Disorder Treatment Services are available to individuals served with a qualifying substance use diagnosis and Center staff are trained on initial screening and referral of individuals presenting with possible substance use disorders.
- Additional services resulting from emergent psychiatric, substance use and routine physical healthcare treatment are available at TCBHC through 1115 Medicaid Transformation Waiver, however these funds are at

risk of ending in the next biennium. Current programs funded by 1115 Waiver that are helping to provide seamless integration of psychiatric, substance use and physical healthcare include: The Extended Observation Unit (EOU), expanded walk-in services, and the Integrated Healthcare program that provides ongoing physical healthcare to individuals served who may not otherwise receive healthcare.

- The collaborations and services listed above were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. During this past planning cycle, as a part of the Continuous Quality Improvement (CQI) program at TCBHC, individuals with frequent hospitalizations were reviewed along with the surrounding continuity of care processes in order to identify areas of improvement and make recommendations to program areas as indicated. Care Coordination of these individuals was included in this review to ensure that psychiatric, physical healthcare and substance use treatment needs were addressed. Additionally, in fiscal year 2020, TCBHC participated in a regional collaboration with several other LMHA's and HHSC staff in order to identify and address additional gaps in the service system.

2. What are the plans for the next two years to further coordinate and integrate these services?

- Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Response Team (CIRT) model in Montgomery County which has TCBHC clinicians riding along with trained Conroe Police Officers for 12-hour shifts and continue to seek opportunities to grow this program and/or expand to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
- Seek opportunities to further incorporate technology into the crisis response system such as additional providers to provide telemedicine and consideration of a Clinician Officer Remote Evaluation (CORE) response model which would allow for response to crisis situations on location, potentially save law enforcement transportation costs and time waiting for both law enforcement and the individual served, and more quickly connect the individual with needed services whether they are psychiatric, substance use or physical health related. If successful, this technology may be used to provide additional services needed to further integrate services over the next planning cycle.
- Continue to work toward achieving status as a Certified Community Behavioral Health Clinic focusing on the integrated person and family centered care of those we serve working toward the goal of recovery. Care Coordination at TCBHC through community collaborations, Memorandums of understanding and relationship building in order to further strengthen the referrals and follow-up to healthcare and substance use treatment. Additionally, TCBHC will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery through risk stratification. These improvements will assist in assessing the quality and effectiveness of care coordination moving forward.
- Seek opportunities for regional collaboration when local resources are not available. Examples might include affordable residential substance use treatment and transitional housing options.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

- Tri-County Behavioral Healthcare (TCBHC) continues to hold regular meetings with key stakeholders including Crisis Services and Jail Diversion Taskforce meetings. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunities for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, TCBHC continues to benefit from having an active Mental Health Planning and Network Advisory Committee (MHPNAC). Several of the MHPNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. TCBHC has a Crisis Intervention Response Team (CIRT) which involves two licensed mental health clinicians who are teamed up with law enforcement to respond to higher intensity situations within our community. This program has helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In 2015, TCBHC added a position focusing on strategic development aimed at increasing our visibility in the community, improving community relationships, increasing understanding of the services we provide as well as the needs that the community has of our Center. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

- Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff and/or contractors including the Mental Health Quality Management/Utilization Management Committee that is made up of several key managers throughout the Center. In addition, key information is shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties.

County	Service System Gaps	Recommendations to Address the Gaps
Montgomery, Liberty, Walker	<ul style="list-style-type: none"> Local inpatient psychiatric options for young children and persons with intellectual development disabilities. Affordable Substance Use Inpatient Treatment, Residential Treatment and Detox options. Affordable Transitional or Step-Down Housing options. Availability of State hospital beds for complex patients that are too acute for local contract hospitals. 	<ul style="list-style-type: none"> Continue to collaborate with local and State inpatient psychiatric hospitals to address the needs of the community and continue to expand the network of providers that are able to serve expanded age groups, dual diagnoses, and complex individuals and seek Crisis Respite options as additional resources become available. Continue to seek opportunities for funding inpatient substance use treatment and continue to build community relationships in order to address the needs as opportunities and funding become available. Continue to seek opportunities to develop and/or collaborate with community partners in order to provide transitional housing or additional step-down options for individuals in need with mental health and/or substance use disorders.
Walker	<ul style="list-style-type: none"> Designated Mental Health Officers 	<ul style="list-style-type: none"> Continue to seek opportunities for funding and expansion of Mental Health Officers in Walker County.
Walker and Liberty	<ul style="list-style-type: none"> Crisis Intervention Response Team (CIRT). Distance to the Psychiatric Emergency Treatment Center. 	<ul style="list-style-type: none"> Continue to seek opportunities for funding and expansion of the Crisis Interventions Response Team (CIRT) as well as additional drop off points in Walker and Liberty Counties. Continue to seek technological solutions through telehealth or other means to address the distance to the Psychiatric Emergency Treatment Center with respect to initial risk assessments

		and diversion to the appropriate community resource.
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Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare (TCBHC) provides a wide array of outpatient and support services for eligible individuals with behavioral health and Intellectual and Developmental Disabilities. 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> TCBHC recognizes the growth of our service area and continues to seek opportunities to expand services when resources allow and to adjust programs and services to better meet the population served as well as identified need.
<ul style="list-style-type: none"> Available community training is provided through our Youth Mental 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> Continue providing the current trainings and seek additional

<p>Health First Aid program as well as trainings offered through our Veterans Services Department re: military culture and PTSD. These trainings are provided free of charge to our stakeholders</p> <ul style="list-style-type: none"> • Additional trainings are provided or arranged when need is identified during ongoing stakeholder collaborative meetings. 		<p>opportunities to educate the community about the services we provide and other relevant referral sources. TCBHC continues to offer the Network of Care resource on our website that allows community members to access needed referrals through a free online search engine that can be accessed in several different languages.</p>
<ul style="list-style-type: none"> • TCBHC maintains a contract for 24/7 Crisis Hotline services. This hotline may be accessed by any community members during a psychiatric crisis to obtain guidance and referrals appropriate to the situation. 	<ul style="list-style-type: none"> • Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> • TCBHC is required to maintain a crisis hotline as a part of our contract with the Texas Health and Human Services Commission and plans to continue providing this service over the next two years.
<ul style="list-style-type: none"> • TCBHC has a Psychiatric Emergency Treatment Center (PETC) that is open around the clock and available for community members seeking crisis services. 	<ul style="list-style-type: none"> • Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence 	<ul style="list-style-type: none"> • Continue to provide crisis services at the Psychiatric Emergency Treatment Center.
<ul style="list-style-type: none"> • TCBHC has developed a Crisis Care Plan that is utilized as a part of the Recovery Planning process to identify preferences (advance directives) for individuals at risk for mental health crises. 	<ul style="list-style-type: none"> • Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> • Continue to incorporate the Crisis Care plan into both outpatient and during crisis situations and communicate these preferences with other treatment providers as appropriate.
<ul style="list-style-type: none"> • TCBHC has developed a team of staff trained in Critical Incident Stress Management (CISM) response that serves as the behavioral health component of the Montgomery County CISM Team in collaboration with the Montgomery County Hospital District (MCHD) CISM Team. 	<ul style="list-style-type: none"> • Montgomery County 	<ul style="list-style-type: none"> • TCBHC is continuing to grow our disaster response team and is actively seeking training opportunities to develop this team and expand our response capabilities should the need arise.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> • Tri-County Behavioral Healthcare (TCBHC) continues to provide clinicians for the Crisis Intervention Response Team (CIRT) which enhances our ability to respond to crisis situations through collaboration and contract with specially trained law enforcement. 	<ul style="list-style-type: none"> • Montgomery 	<ul style="list-style-type: none"> • TCBHC plans to continue this program and will seek opportunities and collaborations that would allow for expansion of the Crisis Intervention Response Team.
<ul style="list-style-type: none"> • TCBHC's Mobile Crisis Outreach Team (MCOT) continues to respond to crisis situations in the community and local emergency departments as requested to provide crisis response and intervention services. 	<ul style="list-style-type: none"> • Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> • TCBHC will continue to deploy MCOT staff into the community to address crisis situations as needed or upon request.
<ul style="list-style-type: none"> • TCBHC's Crisis Services staff provide training to law enforcement regarding drop off points as well as service linkage and follow-up processes for those individuals who are not hospitalized. • Jail Diversion staff provide training to law enforcement related to our involvement in diverting appropriate individuals from the criminal justice system. • Veteran's staff provides training to law enforcement personnel related to Veteran culture and PTSD upon request. This information is key for law enforcement personnel responding to Veterans who may be in crisis. 	<ul style="list-style-type: none"> • Montgomery, Liberty, and Walker 	<ul style="list-style-type: none"> • TCBHC continues to provide specialized training for law enforcement upon request or as need arises.
<ul style="list-style-type: none"> • TCBHC has a Crisis Stabilization Unit (CSU) and an Extended Observation Unit (EOU) that can be utilized by law 	<ul style="list-style-type: none"> • Located in Montgomery but available to anyone in crisis in 	<ul style="list-style-type: none"> • TCBHC will continue to operate these dedicated units as funding permits and will continue to seek

enforcement as a drop off point for individuals experiencing a psychiatric crisis.	the service area regardless of county of residence	opportunities for additional options for crisis response over the next biennium.
<ul style="list-style-type: none"> TCBHC currently has policies and procedures in place that outline Information Sharing protocols and include TCOOMMI allowances through the Health and Safety Code. Additionally, TCBHC utilizes memorandums of understanding with jails and probation as needed in order to increase response time and staff are designated to monitor and follow up on any Quarry from Law Enforcement through the Texas Law Enforcement Telecommunication System (TLETS). 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> Continue to train staff on information sharing protocols, TLETS Quarries and follow-up, and collaborate with community partners to address any identified barriers.

Intercept 3: Jails/Courts	County(s)	
Current Programs and Initiatives:		Plans for upcoming two years:
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare (TCBHC) currently operates an Outpatient Competency Restoration program for individuals determined incompetent to stand trial under the Code of Criminal Procedure 46B. 	<ul style="list-style-type: none"> Montgomery, Walker and Liberty 	<ul style="list-style-type: none"> Continue providing Outpatient Competency Restoration to eligible individuals and continue to focus on educating key stakeholders on eligibility, benefits, and how to access the program as an alternative to incarceration for appropriate non-violent offenders.
<ul style="list-style-type: none"> TCBHC has staff who are designated to provide monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity 46C. 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> TCBHC will continue to provide staff and monthly reporting related to individuals deemed Not Guilty by Reason of Insanity.
<ul style="list-style-type: none"> Routine Screening for mental illness and diversion eligibility is completed weekly with the jails. TCOOMMI Case Managers and other staff working 	<ul style="list-style-type: none"> Montgomery, Liberty, and Walker 	<ul style="list-style-type: none"> TCBHC will continue to seek opportunities to partner with the criminal justice system to divert individuals from jails to outpatient

<p>with offenders with mental impairments continuously seek opportunities to connect those served to other needed resources in the community, link to comprehensive services when able, and provide continuity of care services in jails as needed.</p>		<p>mental health treatment when the outpatient mental health treatment is deemed the more appropriate solution.</p> <ul style="list-style-type: none"> As a part of our diversion efforts, TCBHC case managers will continue to provide services in Jail when appropriate and link individuals served to comprehensive services as well as a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.
<ul style="list-style-type: none"> TCBHC staff provide assessments and evaluations, in addition to ongoing supports and services, for persons identified by the court as being appropriate for Assisted Outpatient Commitments. 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> TCBHC will continue to collaborate with the courts to provide ongoing services and supports to individuals ordered to Assisted Outpatient Commitments.
<ul style="list-style-type: none"> TCBHC has a designated staff who coordinates with Montgomery County Drug Court staff in order to provide recommendations and linkage with ongoing behavioral health/substance use treatment as needed. 	<ul style="list-style-type: none"> Montgomery 	<ul style="list-style-type: none"> TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Drug Court, in order to connect individuals, make recommendations and link individuals with needed services to improve successful transition out of the criminal justice system.
<ul style="list-style-type: none"> TCBHC's Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Montgomery County Veteran's Treatment Court and provides mentorship for individuals in the Veterans Jail Dorm in Montgomery County. The Veteran Services Liaison works closely with individuals assigned to the Veteran's 	<ul style="list-style-type: none"> Montgomery 	<ul style="list-style-type: none"> TCBHC will continue to provide support to Veteran Treatment Courts in our catchment area, as resources allow, including peer mentorship and linkage to comprehensive services as well as continuing to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed.

treatment court docket and ensures that they are connected to other needed veteran services within the area.		
<ul style="list-style-type: none"> TCBHC's designated staff meet with Mental Health Court personnel monthly to staff cases and to make recommendations on individuals appropriate to be served through Mental Health Court. 	<ul style="list-style-type: none"> Montgomery 	<ul style="list-style-type: none"> TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Court, in order to connect individuals, appropriate to be served, with the appropriate court staff. Designated staff will continue to link individuals with needed services to improve successful transition out of the criminal justice system.

Intercept 4: Reentry	County(s)	
Current Programs and Initiatives:		Plans for upcoming two years:
<ul style="list-style-type: none"> The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and/or transition for individuals identified as having a mental illness. In the other Counties in our catchment area, Continuity of Care staff collaborate with jail and court staff to coordinate treatment and provide assistance and supports. 	<ul style="list-style-type: none"> Montgomery (Jail Liaison), Liberty, and Walker 	<ul style="list-style-type: none"> Tri-County Behavioral Healthcare (TCBHC) will continue to work collaboratively with Jail staff to provide transitional services inside jails and in collaboration with jail staff. TCBHC will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area.
<ul style="list-style-type: none"> The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and or transition for individuals identified as having a mental illness. The Veteran Services Liaison coordinates a jail mentorship program for individuals in the Veterans Jail 	<ul style="list-style-type: none"> Montgomery (Jail Liaison), Walker and Liberty 	TCBHC will continue to provide staff to assess needs, develop plans for services, and coordinate transition to ensure continuity at release while funding is available and will continue to seek opportunities to expand Jail Liaison services to other jails in our catchment area.

<p>Dorm in Montgomery County and currently has mentors that are available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration.</p> <ul style="list-style-type: none"> • TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ. 		
<ul style="list-style-type: none"> • The Veteran Services Liaison occasionally responds to requests from jails and prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors are available to provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran and community resources to meet their needs and increase the probability of success following discharge. • Our Montgomery County Jail Liaison and Continuity of Care staff are involved in discharge and transition planning to ensure care coordination upon discharge. 	<ul style="list-style-type: none"> • Montgomery (Jail Liaison), Liberty, Walker 	<ul style="list-style-type: none"> • TCBHC continues to provide a structured process to coordinate discharge and transition planning with jails whenever feasible and will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area as well as to work collaboratively with the criminal justice system to share information when appropriate to better ensure successful transitions from jail to outpatient treatment.

<ul style="list-style-type: none"> Specialized Case Management teams to coordinate post-release services: <ol style="list-style-type: none"> Continuity of Care staff continues to monitor all State hospital discharges to ensure proper follow up care is offered. Staff communicates monthly with State Forensic Hospitals to identify individuals who may be appropriate to step down into the Outpatient Competency Restoration program. 	<ul style="list-style-type: none"> Montgomery, Liberty and Walker 	<p>TCBHC will continue to provide continuity of care and collaborate with State Hospitals to improve the chances of success post – release and to engage in ongoing outpatient treatment whenever appropriate.</p>
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Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare (TCBHC) provides regular screening for jail diversion through continuity of care staff and program clinicians at the jail for eligible candidates for diversion and presentation to the court. 	<ul style="list-style-type: none"> Montgomery (Jail Liaison), Liberty, Walker 	<ul style="list-style-type: none"> TCBHC will continue to work closely with jail and court staff to identify individuals eligible for diversion and pre-trial services and supports through routine screening for mental illness and substance use disorders.
<ul style="list-style-type: none"> TCBHC provides training for probation and parole on mental health, substance use disorder and program services and procedures related to Intercept 5 and these trainings continue to be available upon request and/or identified need. 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> TCBHC will continue to provide training for probation and parole staff upon request and participate in frequent collaborative meetings to determine ongoing need for training.
<ul style="list-style-type: none"> Specialized intensive case managers for adult mental health offenders on felony probation and parole are available through the TCOOMMI program to provide rehabilitative 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> Through the TCOOMMI Program, TCBHC will continue to provide staff assigned to specialized caseloads aimed at facilitating access to comprehensive services

services to enhance community integration and reduce recidivism.		for offenders on felony probation and parole.
<ul style="list-style-type: none"> The TCOOMMI program is staffed with case managers who work jointly with community corrections officers to make recommendations to the court to reinforce positive behavior and address sanctions for non-compliance with supervision. 	<ul style="list-style-type: none"> Montgomery, Liberty, Walker 	<ul style="list-style-type: none"> TCBHC will continue to designate staff assigned to serve as liaison with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance.

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Veteran and military service member supports
- Gap 5: Continuity of care for individuals exiting county and local jails
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services
- Gap 9: Behavioral health services for individuals with intellectual disabilities
- Gap 10: Consumer transportation and access
- Gap 11: Prevention and early intervention services
- Gap 12: Access to housing
- Gap 13: Behavioral health workforce shortage
- Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)
- Gap 15: Shared and usable data

The goals identified in the plan are:

- *Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.*
- *Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.*
- *Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.*
- *Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.*
- *Goal 5: Statewide Data Collaboration - Compare statewide data across state agencies on results and effectiveness.*

In the table below briefly describe the current status of each area of focus as identified in the plan (key accomplishments, challenges and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • Tri-County Behavioral Healthcare (TCBHC) continues to look for opportunities to improve timely access to outpatient services while meeting the needs of our growing population. We continue to grow our available psychiatry, have utilized telehealth when feasible and have made changes to 	<ul style="list-style-type: none"> • Through continued analysis of our data, stakeholder and employee feedback, analysis of scheduling processes we are hopeful that we can continue to improve our access to timely outpatient services for those we serve. Additionally, we continue to seek additional providers who would be interested in alternative schedules in order to provide

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		schedules to allow for additional evening hours for those we serve who may have difficulty accessing services during traditional business hours	additional services during non-traditional hours.
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Frequent Hospitalizations are reviewed by the Continuous Quality Improvement (CQI) Committee as a part of the annual CQI goals and risk stratification and data analysis are utilized in order to identify any trends or processes needing improvement. • Individuals that are funded by TCBHC to stabilize at a contract inpatient psychiatric hospital have regular clinical reviews by a staff member and assigned hospital utilization review personnel. Clinical reviews are facilitated to demonstrate ongoing need for services at that level of care. Reviews are documented in the individual's electronic health record. Discharges are also coordinated so that medication can be ordered and follow-up 	<ul style="list-style-type: none"> • Continue reviewing frequent hospitalizations as a part of the annual goals reviewed by the CQI Committee at TCBHC. • Continue the existing system. Have individual meetings with contract hospitals to continue to improve collaboration and creativity relating to discharge plans and placement. • Continue monitoring private funded inpatient hospitalization to ensure individuals in TCBHC's catchment areas are connected with appropriate follow up appointments to continue ongoing mental health stabilization and utilize care coordination when appropriate to further assist individuals who may struggle with engagement or follow-up.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		appointments can be coordinated.	
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> Gap 14 Goals 1,4 	<ul style="list-style-type: none"> Continuity of care staff participate in telephonic and face to face meetings and conferences pertaining to the clinical progress of individuals receiving care at a State hospital. 	<ul style="list-style-type: none"> Continue the existing system and utilize care coordination team members to assist with engagement and transition as appropriate.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> Gap 7 Goal 2 	<ul style="list-style-type: none"> Opportunities to expand the utilization of Evidence Based Practices continue to be explored by the Center and when they are used, staff training is implemented along with frequent reviews by managers which are then submitted to the Quality Management Department for monitoring and review. 	<ul style="list-style-type: none"> This process will continue over the next planning cycle and the Quality Management Department will continue to monitor fidelity with evidence-based practices as a part of its internal review process.
Transition to a recovery-oriented system of care	<ul style="list-style-type: none"> Gap 8 Goals 2,3 	<ul style="list-style-type: none"> TCBHC is currently working to achieve status as a Certified Community Behavioral Health Clinic (CCBHC) and is currently focusing on providing enhanced training programs at 	<ul style="list-style-type: none"> As TCBHC moves toward achieving status as a Certified Community Behavioral Health Clinic (CCBHC), the Center will continue to seek additional training opportunities to guide our organization to further

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>the Center to include Recovery Planning and Person-Centered Family Centered Care including the role of Peers and Family. TCBHC recognizes the importance of recovery supports and the role of Peers in this process and we currently have certified family partners providing services to the families in our Child and Adolescent Services who are also receiving wraparound level of care which is a person centered/team focused approach to assisting a youth with high level of need by focusing on strengths and supports. We also have Peer providers available to assist our adult population who also serve on our Mental Health Planning and Network Advisory Committee (MHPNAC). In addition to having our own PNAC, TCBHC participates in the Regional Planning and Network Advisory Committee (RPNAC) which includes planning and evaluation from</p>	<p>develop a person-centered recovery focused system of care as well as exploring ways to better integrate the recovery model of care into our electronic health record. We continue to seek opportunities for Peer support and involvement of individuals served in Center activities. Additionally, TCBHC recognizes the important role that trauma plays in recovery for many of the individuals we serve and will continue to provide training for all new employees on this topic over the next planning cycle.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		committee members including individuals served.	
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • TCBHC has a Clinical Trainer able to address staff training needs including trainings that will benefit staff working with the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) population. • COPSD and Screening, Brief Intervention and Referral to Treatment (SBIRT) training is provided to our staff including all new clinical employees working in direct care. • Through HB 13 grant funds, the Expanded Substance Use Disorder Engagement program is designed to address identified critical gaps in care, including access to behavioral health services focused on the treatment of COPSD using evidence-based practices. • The Quality and Utilization Management Department continues to focus on reviewing services provided to ensure individuals with needs related to COPSD are being 	<ul style="list-style-type: none"> • Staff training will continue to be a focus for our Center over the next planning cycle. • TCBHC will continue to explore ways to use data to monitor needs and outcomes for individuals served with COPSD and will use this data to guide system improvements as indicated. • Continue engagement efforts and use of evidence-based practices when feasible. • Continue to focus on the use of Care Coordination, as appropriate, to address the needs of individuals with COPSD.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		addressed appropriately and that additional referrals and follow-up to these referrals are made as indicated.	
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • TCBHC continues to provide basic integrated healthcare to the individuals we serve through the 1115 Medicaid Transformation Waiver, however, this funding is at risk of ending over the next biennium. • TCBHC has made changes to the Electronic health record over the last planning cycle in order to monitor key health indicators such as Body Mass Index (BMI) and Tobacco use. 	<ul style="list-style-type: none"> • TCBHC recognizes that physical health is often comorbid with mental health and we remain interested in assisting our clientele learn ways to care for both aspects of their health. TCBHC will continue to seek opportunities to maintain our ability to provide integrated healthcare to those we serve, which is currently available through 1115 Medicaid Transformation Waiver funding which is expected to end in the next biennium. • Utilization Management staff are in the process of incorporating weekly monitoring of key health indicators to ensure interventions are provided as indicated.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Transportation options for individuals we serve are limited. Many of these individuals do not have their own transportation or may not have the finances to pay for transportation. In addition, public transportation in our 	<ul style="list-style-type: none"> • TCBHC will continue conversations with key stakeholders related to transportation options for the population we serve as well as advocating for a stop at our routine service locations when public

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>remote areas is virtually non-existent.</p> <ul style="list-style-type: none"> • Through communication and collaboration with city officials, the Conroe Connection public transportation now has a stop on its route at our main Conroe building, which serves as a means of transportation for those in the City of Conroe living close to the route. • TCBHC has partnered with local agencies to provide grant funded transportation vouchers to individuals served who have no other means of transportation and would not otherwise be able to access services. • TCBHC utilizes strategies such as regionalizing caseloads for field-based staff to assist staff with assisting and reaching individuals in their natural settings while minimizing the transportation costs. 	<p>transportation options become available.</p> <ul style="list-style-type: none"> • TCBHC will continue to utilize transportation strategies for routine care to maximize our ability to serve individuals in our remote areas. • TCBHC will continue collaboration with law enforcement as needed and will continue to seek opportunities to develop a system that minimizes needs for lengthy transportation.
Addressing the behavioral health needs of consumers	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • For IDD clients in a mental health crisis, our Crisis Intervention Specialist works with the individuals and 	<ul style="list-style-type: none"> • TCBHC will continue to seek additional providers who are able to provide crisis respite in line with State guidelines and expectations.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
with Intellectual Disabilities (IDD)		<p>family/significantly involved individuals to determine the level of intervention needed and assists with coordination of care.</p> <ul style="list-style-type: none"> • TCBHC currently has an Applied Behavioral Analyst on staff and through grant funding is able to provide Autism services to youth ages 3-15. • With co-located outpatient services, TCBHC staff are able to staff cases for dually diagnosed individuals needing behavioral health interventions outside of the typical IDD service system. 	<ul style="list-style-type: none"> • TCBHC will continue to seek opportunities to expand and grow the autism services program. • TCBHC will continue to seek opportunities made available to assist the IDD population with behavioral health needs and will continue to keep the dialogue open with stakeholders and funding agencies as additional options for expansion present. • The TCBHC Clinical Trainer will explore additional training opportunities for staff that will better assist them with addressing the behavioral health needs of the IDD population.
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • TCBHC has an active Veteran Services Liaison and Military Veteran Peer Network Mentorship program that is available to assist any Veteran in our service area (receiving services or not) connect with needed resources in the community, including behavioral health needs that they may not feel comfortable seeking through the traditional channels. 	<ul style="list-style-type: none"> • TCBHC is dedicated to the Veteran population of our service area and fully supports the ongoing efforts of the Military Veteran Peer Network (MVPN) Program as funding remains available. • Additionally, TCBHC continues to seek viable grant opportunities to continue to meet the behavioral healthcare needs of Veterans and expand resources when possible.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • The Veteran Services Liaison has direct and frequent communication with Center Management and is able to coordinate behavioral healthcare needs of Veterans as needed/requested. • Additionally, through grant funding, TCBHC has counseling and case management services for Veterans. Our community has a local Veteran Administration (VA) clinic in Conroe, which many of our Veterans choose to access, but we remain a resource for those who may seek this service outside of the VA. 	

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*

- *For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.*

Local Priority	Current Status	Plans
<p>Diverting individuals with mental illness from ERs and Jails</p>	<ul style="list-style-type: none"> • The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. • Crisis walk-in services are available at the Psychiatric Emergency Treatment Center (PETC) along with a contract officer. The presence of the contract officer onsite allows officers transporting individuals to the PETC on detention warrants to transfer the individual into the custody of the officer onsite and return to duty more quickly, aligning with Intercept 1 of the Substance Abuse and Mental Health Services Administration (SAMHSA) Sequential Intercept Model. • Expanded crisis response after hours, 24/7 walk-in services and the Extended Observation Unit (EOU) are currently funded by 1115 Medicaid Transformation Waiver Funding which is at risk during this next biennium. • TCBHC has a staff member at the Montgomery County Jail to serve as a 	<ul style="list-style-type: none"> • Tri-County Behavioral Healthcare (TCBHC) will continue to monitor diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and innovative ways to review and capture data (such as risk stratification and review of frequent hospitalizations) which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated. • TCBHC will continue to seek opportunities to expand Jail Liaisons and CIRT teams to additional counties. • TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times.

Local Priority	Current Status	Plans
	<p>liaison between TCBHC and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment.</p> <ul style="list-style-type: none"> • TCBHC is able to provide response from a Crisis Intervention Response Team (CIRT) in a portion of Montgomery County which pairs law enforcement with a licensed mental health clinician. This team has had positive outcomes responding to situations that were not previously accessible due to safety concerns. 	
Transportation	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • See above
Transitional Housing	<ul style="list-style-type: none"> • TCBHC currently has minimal access to resources for step-down and transitional housing for individuals discharging from inpatient hospitalization stays following behavioral health and/or substance use crises. • TCBHC provided feedback on this local priority in the All Texas Access Planning activities during this past year and provided feedback for potential solutions. 	<ul style="list-style-type: none"> • TCBHC will continue to seek opportunities for funding transitional and step-down housing. • Discussions for possible solutions surrounding lack of transitional and step-down housing include partnering with already established State programs for Adult Host Homes and/or seeking additional funding to develop co-op or group homes for individuals transitioning out of crises.
Risk Stratification and Analysis through the Continuous Quality Improvement Program	<ul style="list-style-type: none"> • TCBHC has begun conducting risk stratification on individuals with frequent hospitalizations and along with gaps related to transitional housing, recognizes the lack of local affordable Substance Use Inpatient Treatment Options. While there are substance use treatment options available, the majority of individuals 	<ul style="list-style-type: none"> • TCBHC will continue to develop risk stratification in order to guide quality improvements and better engage individuals into outpatient treatment while we continue to seek solutions to the gaps in local resources needed to address frequent hospitalizations (i.e. affordable transitional housing and inpatient substance use treatment).

Local Priority	Current Status	Plans
	<p>we serve needing these services do not have the ability to pay for treatment. TCBHC is currently utilizing risk stratification and Continuous Quality Improvement processes to identify ways to reduce hospitalizations and better engage these individuals in outpatient treatment through care coordination and other mechanisms.</p>	<ul style="list-style-type: none"> • TCBHC will continue to seek funding to pay for substance use treatment for those we serve and will pursue local and/or regional opportunities to partner with established community providers of substance use inpatient treatment.
Community Collaborations	<ul style="list-style-type: none"> • TCBHC continues to hold regular meetings with key stakeholders involved in crisis response and jail diversion. • TCBHC continues to build relationships with local school districts in order to collaborate and wrap around children and adolescents at high risk. Piloting of School Based Clinics, Participation in the Community Resource Coordination Groups (CRCG) and provision of Youth Mental Health First Aid are three such examples. • TCBHC's Director of Strategic Development and other staff continue to educate the community and stakeholders about TCBHC, the services we provide, and population we serve and the challenges we as a community face. 	<ul style="list-style-type: none"> • TCBHC will continue collaborations with the criminal justice system to identify individuals with mental illness and continue to provide alternatives to incarceration in all three counties. • TCBHC will continue to collaborate with hospitals, court staff, and law enforcement to reduce the burden on local Emergency Departments and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible. • TCBHC will continue to provide opportunities for collaboration and education to the community to enhance knowledge about behavioral health, how to access services, and who might be appropriate for services. • TCBHC will continue to seek ways to share information through appropriate channels and with valid consent in order to continue to develop and strengthen our ability to provide quality care coordination to those we serve.

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

In the table below, identify the local service area's priorities for use of any *new* funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority;
- Identify the general need;
- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and
- Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Transportation	<ul style="list-style-type: none">• During this planning cycle stakeholders continue to identify transportation as one of the top needs and local priorities for the individuals served in the behavioral health system. Tri-County	<ul style="list-style-type: none">• Allowance of transportation connected with mental health services to be a part of a

		Behavioral Healthcare (TCBHC) continues to advocate for public service options and has explored the cost of providing transportation in-house, however, concerns related to the sustainability of such a program remain. The recommended solution would include approval of a rate change that would allow for Centers to bill for transporting clients to and from skills training sessions as well as the travel to and from the office to the client's place of residence. Currently, many individuals served in the TCBHC service area are without reliable and consistent transportation. Adding a resource for Centers to be able to bill for transportation at a lesser rate than skills training/rehab in order to provide needed services to Texas residents with Severe and Persistent Mental Illness (SMPI) at the office, in homes, or in community settings as outlined in their recovery plans, would greatly improve the access to care for these individuals and provide resources to the mental health system that would vastly improve the system of care.	Medicaid billable service for LMHA staff – Cost TBD
1	Detox Beds	<ul style="list-style-type: none"> Stakeholders continue to identify the need for inpatient substance use disorder treatment in our area, TCBHC would like to Purchase Inpatient Detox beds from a provider in Harris County 	<ul style="list-style-type: none"> \$550 per day *700beddays - \$385,000 annually
1	School Based Clinic Expansion	<ul style="list-style-type: none"> TCBHC is currently piloting School Based Clinics at five schools in our service area and feedback has been extremely positive with successful outcomes for several students. Unfortunately, the loss per year per school is roughly \$50,000 more than available revenue. These programs will not be sustainable without additional funding that is currently being provided by 1115 Medicaid Transformation Waiver funding which is scheduled to deplete in the next biennium. We would like to maintain the services at the schools we are 	<ul style="list-style-type: none"> \$250,000 annually

		currently working with. Additionally, many local area schools are interested in a program on their campus and we would like to expand this program in the future should funding become available.	
1	Clinician Officer Remote Evaluation (CORE)	<ul style="list-style-type: none"> The CORE model incorporates the use of technology in the field in order to provide the ability for law enforcement to connect with a mental health clinician, from locations where the individual in need is located, that could allow for real time screening assessment via telehealth. This technology could include an iPad, cell phone with video technology, telehealth, or other secure streaming service and would allow the clinician to provide immediate guidance on next steps to treat the individual in the least restrictive, most appropriate setting, while minimizing the need for travel prior to assessment. 	<ul style="list-style-type: none"> Approximately \$1,000,000 annually
2	Step-Down Housing	<ul style="list-style-type: none"> Discussions with stakeholders including community partners and family members continue to emphasize the importance of affordable and stable housing. Recognizing the risk of homelessness to individuals with housing instability following crisis hospitalizations, TCBHC would seek to develop or contract post hospitalization residential settings to assist individuals transitioning from significant crisis events back into the community with a goal of engagement into ongoing routine outpatient services and reduction of hospital recidivism. 	<ul style="list-style-type: none"> Cost per month to contract: \$800 – \$2,000 per month per individual. Startup costs vary greatly based on whether you are buying or renting a home. Overall cost of operations for a 4-person home would be approximately \$20,000 a month.
2	Mental Health Deputy Expansion for Walker and Liberty Counties	<ul style="list-style-type: none"> Funding local law enforcement for the purpose of establishing additional mental health deputy programs would decrease the strain on the rest of the department and provide improved direction and decision making related to individuals who may be better served by diverting from jails and local emergency rooms directly into LMHA crisis or outpatient services. Currently there are eleven (11) mental health deputies funded by 	<ul style="list-style-type: none"> \$330,000 annually

		<p>Montgomery County and two (2) funded by Liberty County. TCBHC would like to have at least two more mental health deputies in Walker county and two added to Cleveland (Liberty County). Individuals served and family members continue to express the importance of having law enforcement trained to respond to individuals who may be experiencing a mental health crisis.</p>	
3	Jail Liaison Expansion	<ul style="list-style-type: none"> Stakeholders continue to express the importance of having someone who is trained and understands mental illness involved in continuity of care and assessment at the jails. Should funding be available, TCBHC would seek to identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area. 	\$170,000 annually
3	CIRT Expansion	<ul style="list-style-type: none"> Currently TCBHC has two (2) law enforcement officers paired with clinicians in Montgomery County during certain hours. Stakeholders have expressed that they would like to see expansion of this service to other locations and times. Should funding become available, TCBHC would seek to expand the program to include an additional team for Montgomery County and two (2) additional CIRT officers for Walker and Liberty Counties. 	\$175,000 annually per team plus \$525,000 annually for the (6) additional mental health officers needed. (this estimate would include the local law enforcement jurisdiction covering the cost of the officer and the vehicle).

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center
TCBHC	Tri-County Behavioral Healthcare
PETC	Psychiatric Emergency Treatment Center
CIRT	Crisis Intervention Response Team

Agenda Item: Appoint New Mental Health Planning Network Advisory Committee Members Committee: Program	Board Meeting Date September 24, 2020
Background Information: <p>The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have two (2) MHPNAC openings.</p> <p>Staff is recommending the appointment of the volunteers listed below to the Mental Health Planning Network Advisory Committee.</p> <p><u>Jodie Janacek, Family Member</u></p> <ul style="list-style-type: none"> • Family Partner <p><u>Ashley Taylor, Family Member and Advocate</u></p> <ul style="list-style-type: none"> • Lone Survivor Foundation • US Army Veteran <p><u>Rachel Clark, Family Member, Community Member</u></p> <ul style="list-style-type: none"> • Police Officer <p>Ms. Janacek has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2021. Ms. Taylor and Ms. Clark have agreed to serve on the MHPNAC for a two-year term which will expire August 31, 2022.</p>	
Supporting Documentation: None	
Recommended Action: Appoint Jodie Janacek as a New Mental Health Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2021 and Appoint Ashley Taylor and Rachel Clark as New Mental Health Planning Network Advisory Committee Members to Two-Year Terms Which Expire August 31, 2022	

Agenda Item: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Committee: Program	Board Meeting Date September 24, 2020
Background Information: <p>According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire on August 31, 2022.</p> <ul style="list-style-type: none"> • Loretta Castro – Parent • Pam Holak – Parent • Lori Lilley – Vocational Rehab Services – Texas Workforce Solutions • Jae Kim - Parent <p>We currently have seven IDDPNAC members, but we are in need of nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
Supporting Documentation: None	
Recommended Action: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members to a Two-Year Term Expiring on August 31, 2022	

Agenda Item: Reappoint Mental Health Planning Network Advisory Committee Members Committee: Program	Board Meeting Date September 24, 2020
Background Information: <p>According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.</p> <p>The following members have an expiring term and have been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2022.</p> <ul style="list-style-type: none"> • Loretta Castro – Parent • Lori Lilley - Vocational Rehab Services – Texas Workforce Solutions <p>We currently have seven MHPNAC members, but we are in need of nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
Supporting Documentation: None	
Recommended Action: Reappoint Mental Health Planning Network Advisory Committee Member to a Two-Year Term Expiring on August 31, 2022	

Agenda Item: Review and Approve Goals and Objectives for FY 2021 Committee: Program	Board Meeting Date September 24, 2020
Background Information: <p>The Management Team met on July 31, 2020 for a Strategic Planning meeting. Subsequently, we have created a Strategic Plan for the Center that will be reviewed by the Board today. The goal of this meeting was to envision an ideal FY 2026 and then discuss how the Center could move toward this direction.</p> <p>The Management Team has proposed Goals and Objectives for FY 2021 as we have done in previous years for the Board to review and approve.</p>	
Supporting Documentation: Strategic Plan which includes Goals and Objectives for FY 2021	
Recommended Action: Approve the Goals and Objectives for FY 2021	

Introduction

The Management Team of Tri-County Behavioral Healthcare met on July 31, 2020 to review and update the five-year strategic plan for the Center. For the FY 2021 planning process, the Management Team invited guests representing the Montgomery County Sheriff's Office, the National Alliance on Mental Illness (NAMI) Montgomery County, the Montgomery County Behavioral Health and Suicide Prevention Taskforce, the Tri-County Intellectual and Developmental Disability (IDD) Home and Community-based Services (HCS) Advisory Board and the Tri-County IDD Planning Network Advisory Committee (PNAC). In addition, we met with a Tri-County Peer staff and a Tri-County Family Partner staff. These guests provided information to the Management Team about how mental illness and intellectual disabilities are impacting our communities. We will use the feedback from these partners and from our Management Team to revise our Strategic Plan for FY 2021. The plan will be reviewed and modified annually by the Management Team with the goal of continued improvement and refinement of the Center mission and direction.

Executive Summary

Serving Liberty, Montgomery and Walker counties, Tri-County Behavioral Healthcare ('Tri-County' or the 'Center') continues to serve more and more people each year. This growth, along with continued changes at both the state and local level, has highlighted the need for Center structures which need to be developed or further refined. The Management Team of Tri-County is made up of highly dedicated professionals that work tirelessly to improve the center, and because of their work much positive change has occurred at the Center in the last five years. Members, have been, and continue to be, committed to transform Tri-County into a system of care that will effectively and efficiently meet the needs of our community.

Management Team staff have identified long term goals in six areas of emphasis and have developed a corresponding list of Objectives for FY 2021.

Center Mission and Vision Statement

The Mission of Tri-County is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.

The Vision of Tri-County is to develop a mental health and developmental disability care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community. To achieve this vision, we will partner with the community to: 1) expand the availability of new and existing resources; and, 2) assure the availability of technically and culturally competent staff.

Center Background

In response to legislation signed by President John F. Kennedy in 1963, Texas established Community Centers in 1965 to move persons from mental health and/or Intellectual/Developmental Disabilities from institutions to the community. Formed in 1983 by an interlocal agreement between Liberty, Montgomery and Walker counties, Tri-County is one of 39 Community Centers which provide mental health and IDD services to all 254 counties in the State of Texas. Tri-County is a 'Unit of Government' as established by section 534 of the Texas Health and Safety Code and has also been designated as a non-profit organization by the Internal Revenue Service. Services provided to adults and children with mental illness and to individuals with intellectual and/or developmental disabilities are provided under contract with the Texas Health and Human Services Commission (HHSC) in the form of contracts as a Local Mental Health Authority (LMHA) and as a Local Intellectual and Developmental Disability Authority (LIDDA) or in the form of fee-for-service reimbursement from insurance companies. Under separate contract with the Health and Human Services Commission, Tri-County also provides services to Adults and Youth with Substance Use Disorders.

Centers are political subdivisions of the state. The responsibilities of Texas' 39 LMHA/LIDDAs, as established in state law, are twofold: planning and coordinating mental health policy and resources; and serving as a provider of last resort for community mental health services in their region. Individuals may come in contact with a Center through a crisis hotline, walk-in visits or through a referral from a community partner, such as a local jail or school. Based primarily on rules established by the Texas Health and Human Services Commission (HHSC), LMHAs serve the highest-need individuals suffering from serious mental illness. In addition to crisis services, LMHAs provide adults and children with medication, counseling, case management, treatment and supports.¹

Tri-County is considered a large, mid-sized Center in the state of Texas.

It is important to note that while management and staff have developed a system which is seeing more and more persons for care, there continue to be more persons in the community with qualifying diagnoses who are unserved than at any time in our history. In short, although staff have worked hard to remove barriers to care and while staff are stretched to provide this care, the community often sees deficiencies.

Population Growth and Demographic Trends

Population Growth in our communities remains strong. From 2010 to 2015, Montgomery County grew 17%, Liberty County grew 5% and Walker County grew 3.6%. Montgomery County remains one of the fifty fastest growing counties in the United States and the fourth fastest growing county in Texas.

¹ Overview of Community Mental Health Needs and Services, Texas Legislative Budget Board, April 2019, ID: 4380

North Liberty County has a large and growing Hispanic population which is settling in unincorporated 'subdivisions' in the county. These 'subdivisions' resemble the colonias that are found on the Texas/Mexico border with many families living in substandard housing. One of the middle schools (5th-6th grade) in Cleveland Independent School District estimated 100 new students a week in the 2018-2019 school year. A large increase in Hispanic population in Liberty County is expected in the 2020 Census. According to the local schools, many of these student's parents are not citizens of the United States and primarily speak Spanish. Many of these students are not eligible for state Medicaid programs.

The three-county service area has almost 41,000 Veterans, with 75% of those living in Montgomery County. There is a Veterans Administration hospital in Houston and a VA Outreach Clinic in Conroe.

Finally, it should be noted that the census number for Hispanic persons is considered to be underreported due to concerns about governmental survey processes.

Additional Growth Drivers

While population growth remains the most significant driver in year over year increase in demand for treatment services, there are some trends in the persons seeking treatment which are also driving demand. For Adults who are in a mental health crisis, it is estimated that at least 70% of persons presenting have a co-morbid or primary substance use disorder. The most commonly abused drugs by persons seeking treatment are methamphetamines, alcohol and marijuana. To this point at least, the three counties served have yet to experience the devastating impact of the Opioid crisis. While these persons often present in mental health crisis, the underlying cause is often related to the substances they have abused. It is important to note that there is no detoxification or residential substance abuse programs in these three counties and that the substance abuse treatment array is very limited for Medicaid-funded or low-income persons. While the Center continues to treat these folks as co-morbid mental health patients, it is very difficult to address the co-morbid substance abuse without an adequate substance abuse treatment system.

For kids seeking mental health services, the most significant drivers are the adverse childhood experiences (aka trauma) that the child has experienced. It can be very difficult to distinguish the behaviors associated with trauma from those commonly associated with Attention Deficit Hyperactivity Disorders and even Autism. While simulants can help children to focus in school, there is often a need for additional services to really uncover and deal with the causal factors associated with those symptoms. In addition, we are seeing an increase in the number of persons with Intellectual/Developmental Disabilities who are in crisis and often these crises are also driven by trauma.

Childhood trauma is often driven by behaviors associated the substance abuse of their caregivers and substance abuse is often driven by trauma and 'self-medication' of mental illness. These two issues are driving much of the need for care of the persons we serve.

Although Tri-County is serving a large number of persons, it is also true that many persons are served at a lower than optimal levels of care. At Tri-County, rapid access to psychiatry is our primary focus since this service is difficult to obtain in the community. However, especially for indigent adults, and increasingly for children and youth, it is common to have persons who do not have insurance waiting for a level of skills training or therapy for which they are authorized. This wide, but not deep, care has been effective in keeping persons out of higher levels of care (e.g. hospitals), but is not as effective in helping persons served recover fully from their disorder and to live a meaningful, healthy life. CCBHC Value-based Payments offer the Center the opportunity to right-size care by making per member, per month payments available to pay for ongoing care.

In 2020, we saw the COVID-19 Pandemic strike our area and in the last few months of the Fiscal Year began to see significant new demand for treatment at our Center. Many of these persons seeking treatment are doing so for the first time in their lives and most are reporting anxiety and depression. We anticipate significant new demand for our services in FY 2021.

Demand for Crisis Services

As is the case for all service lines, the demand for crisis services continues to increase. In addition to providing more services, the persons seeking services are complex with many having co-occurring substance use disorders and an increasing percentage being homeless. In addition to the persons Tri-County serves in crisis, all hospital emergency rooms and all law enforcement entities in our service area are reporting an increase in persons who are experiencing mental health and/or substance abuse crises.

Emergency Departments and law enforcement entities in the community continue to have more and more interactions with persons who have behavioral health problems.

School-Based Mental Health Clinic

Tri-County Behavioral Healthcare (Tri-County) and Conroe Independent School District (CISD) piloted school-based mental health clinics at Armstrong Elementary School (Kindergarten-4th grade) in Conroe and Grangerland Intermediate (5th and 6th grade) in Grangerland to test service designs which might be effective in meeting the needs of students in our three-county service area. In FY 2020, staff expanded this pilot to Ben Milam Elementary (K-4) and Moorhead Junior High (7-8 grades) in Grangerland and late in the Fiscal Year were funded by the Houston Methodist Foundation to expand these services to San Jacinto Elementary (K-4) in Conroe. CISD was chosen as a partner because they were the first school district willing to partner with Tri-County to test these service designs. These schools were chosen because they were schools with high

behavioral health referrals, are low-income schools, and the students/families have real/perceived barriers accessing social services including mental health treatment.

Funding

Texas has consistently funded community mental health and intellectual disability services at some of the lowest per capita rates in the United States. The most recent national data (2013) had Texas as 49 of 51 (Idaho/Puerto Rico) in funding for persons with mental illness, 47 of 50 in funding for persons with intellectual disabilities, and funding for persons with substance use disorders also at 49th (Wisconsin). Texas is among a minority of states that restricts access to public mental health services to adults with serious mental illness and children with serious emotional disturbance.²

Complicating the funding picture, Tri-County was formed at a time where 'base funding' was less than it was for early Centers that were formed in the 1960s and 1970s and for centers formed in the late 1990s. The base funding that each LMHA receives is a result of historical allocations, including funds appropriated during the past decade for crisis program redesign and outpatient services.³ In addition to this lower base funding; Tri-County's service area has a rapidly growing population, especially in Montgomery County, with more persons who need access to services. While the service area experiences a large amount of upper income growth, the growth of persons that are below the poverty line and who are medically indigent is also high. As a result, Tri-County remains near the bottom of Texas Centers in per capita funding for both mental illness and intellectual disabilities and is one of several LMHAs where General Revenue funds, on a per capita served basis, continues to decrease.

Federal and State General Revenue funding, often referred to as grant funding, has decreased significantly over the years as services have been transitioned into Managed Care. State General Revenue is used primarily to cover the cost of care for persons that are medically indigent. Unfortunately, most of the growth of persons served by Tri-County has been growth for persons who are low income and uninsured or low income and marginally insured, especially for adults with mental illness.

In addition, many of the state funding models still classify Tri-County as 'rural' when allocating funding (e.g. Rural Mobile Crisis Outreach Team, Alternative Assertive Community Treatment team) even though much of the catchment area is becoming urban and has all of the associated problems and challenges. However, many of the grant opportunities coming from the Health and Human Services Commission have Tri-County classified as 'urban' and thus require much more substantial grant match. As we see Montgomery County, in particular, grow into an Urban County, new funding models for

² Funding Trends and Challenges in Community Mental Health Services, Texas Legislative Budget Board, January 2019, ID: 4830

³ Funding Trends and Challenges in Community Mental Health Services, Texas Legislative Budget Board, January 2019, ID: 4830

services provided will be more and more important if the Center is to be successful in meeting community needs.

Private Insurance

A funding challenge facing Tri-County is the increasing number of individuals with private insurance. While some of these plans are associated with the Affordable Care Act and include high, up-front, payments that the individual seeking care cannot afford, even traditional insurance is a challenge for the agency as nearly 15% of the persons seeking psychiatric care have insurance products which will only pay for a portion of the most expensive services (psychiatry and therapy) and which will not pay for other services that the individual needs to reach a state of wellness. These challenges are summed by the two quotes below from the 2019 Huntsville Memorial Hospital Community Needs Assessment:⁴

“The ACA plans are generally unusable by folks who can afford to buy those. There are not a lot of providers accepting state insurance for employees. Health insurance is a big deal for our folks.”

“We have a big problem that is employed and insured, but their insurance is not taken. For Blue Cross Blue Shield HMO Plans, the answer is always no.”

As a provider of service, it is often difficult to get paid for private insurance claims and, in many cases; cost sharing by persons with insurance goes unpaid. In addition, because it is so difficult to get paid by these insurance plans, many providers of psychiatric and counseling services in the community have gone to providing services for cash payments only.

1115 Transformation Waiver

The 1115 Medicaid Transformation Waiver Delivery System Reform Incentive Payment Program (1115 DSRIP) was designed to allow providers to develop system infrastructure as part of the Affordable Care Act expansion of Medicaid services. In Texas, 1115 DSRIP significantly expanded the ability of Local Mental Health Authorities (LMHAs) to meet the needs of persons with mental illness with 1115 DSRIP dollars representing 36% of the total of all LMHA budgets in Fiscal Year 2016. In Fiscal Year 2022, 1115 DSRIP funding will be eliminated and the impact of this lost funding will be significant. For Tri-County, approximately 4.4 million dollars (approximately 13% of the FY 2021 budget) will no longer be available for critical services.

Certified Community Behavioral Health Clinic (CCBHC)

The Excellence in Mental Health Act established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs may be able

⁴ Community Health Needs Assessment, Huntsville Memorial Hospital, June 2019, P. 76

to receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding to meet the needs of these complex populations. These Alternate Payment Mechanisms (APMs) may make it possible for the Center to continue some of the 1115-funded programs into the future.

CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care.

The State of Texas has identified CCBHC as a best practice for clinic design and will be working to leverage Medicaid funds for persons who are currently unfunded in the Community Center system. Tri-County will continue to work toward certification as a CCBHC in FY 2021 so that we are positioned to leverage this opportunity for an enhanced clinical design which will provide funding for deeper and more comprehensive services for persons in Montgomery, Liberty and Walker counties.

FY 2021 Local Partner Feedback

Community Partners were invited to provide feedback to the Tri-County Behavioral Healthcare Management Team as a part of the FY 2021 Planning process. Specific feedback from the partners is included below:

Montgomery County Sheriff's Office

Staff met with Captain Tim Cannon and Lieutenant Roland Richey of the Montgomery County Sheriff's Office. It should be noted that Captain Cannon was added as an ex-officio Board member to the Tri-County Board of Trustees in FY 2020. Specific feedback from Captain Cannon and Lieutenant Richey included the following:

- Many of the persons who are in the jail with medical issues also have severe mental health issues.
- The jail staff work on placement of persons who need ongoing care, many of these persons need drug treatment programs.
 - The most common drugs abused by offenders are methamphetamines, cocaine and prescription pills.
- The County is experiencing exponential growth which effects police work in the county. We need innovative ways to meet the demands of the community.
- Mental health is constant challenge for officers on the street.
- MCSO is very interested in the CORE Program that was piloted by Harris Center where officers have a mechanism to contact a licensed clinician via mobile technology and which provides screening of the individual before arrest.
 - A continued challenge will be finding a place to take the person to if they are screened by a licensed staff and need placement.
 - Very interested in telehealth and how it can provide options for officers. Overall, MCSO is interested in how we support law enforcement so that they can respond appropriately to community needs.

- Montgomery County of today looks like Harris County of the 90's. We are growing at an exponential pace and when we look 3-5 years down the road, we see a lot of emerging needs including MH needs.
 - Another Psychiatric Emergency Treatment Center would be very helpful in these efforts.
 - A diversion Center like the one that Harris Center has would also be very helpful.

National Alliance on Mental Illness and Montgomery County Behavioral Health and Suicide Prevention Taskforce

Dr. Brenda LaVar, currently employed at the Mental Health Treatment Facility in Conroe, visited with the Management Team regarding both NAMI, where she is on the Board of NAMI Greater Houston and facilitates the NAMI Montgomery County outreach and support groups, and the MC BHSP Taskforce where she serves as one of five Board members. Dr. LaVar formerly served on the federal Substance Abuse and Mental Health Services Administration Advisory Board and was a member of the National NAMI Board for six years.

- NAMI is pushing for more brain research and precision medicine for persons with mental illness. There have now been identified 165 markers on DNA that cause mental illness and related conditions (e.g. Autism).
- NAMI and SAMHSA are very interested in the Sequential Intercept Model and how we stop folks from penetrating the criminal justice system.
 - People seem to get into the criminal justice system very easily and we have got to find a way to slow that down.
 - The intersection of Substance Use Disorders with Serious Mental Illness is very high—probably as much as 75-80%. We need to figure out how to develop and pay for SUD treatment if we are going to change this dynamic.
- Programs that NAMI is very interested in include:
 - Housing options, especially for persons coming out of hospitalization and who need support before they return to their home environments.
 - Assisted Outpatient Treatment—'commitment of a person to outpatient treatment to ensure compliance.'
 - First Episode Psychosis treatment.
- The MC BHSP taskforce has over 400 persons who were interested in suicide prevention. There are 13 workgroups working in a variety of different areas.
 - There is much interest in this community about a program that can impact mental health and suicide prevention.
 - Many of these workgroups are making lots of progress in their area of focus.
 - Tri-County staff are on many of these committees.

Intellectual and Developmental Disability Home and Community-based Services Advisory Board

Former Tri-County Executive Team Member and current Chair of Tri-County's HCS Advisory Board, Mary Gail Doddridge, had last-second conflict and was unable to attend the Strategic Planning Meeting. However, she did provide written feedback after the meeting which is included in part below.

- There needs to be more education in the community about what Tri-County offers. Specifically, I would like to see information in the newspaper in Huntsville.
 - There are many people who might be eligible for HCS but who are not even on the interest list.
 - Doctors, educators and churches need to be better informed so they can make appropriate referrals.
- For Service Coordination, many parents are not competent to negotiate the social service system and need more help to do so. This needs to be a greater emphasis for the Service Coordination program.
- Tri-County's HCS does a good job with their clients.
- The benefits staff that helps persons with IDD does a very good job. She has a reputation among IDD families as being able to help untangle and solve problems with SSI and SSDI.

Planning Network Advisory Committees

Long time Mental Health and Intellectual/Developmental Disability Planning Network Advisory Committee member and former chair of the IDD PNAC, Judie Hunter, joined strategic planning to discuss what she is seeing from a PNAC perspective. Judie retired a few years ago as the Director of the Parent Resource Center, a resource for parents of children with Disabilities at Conroe Independent School District.

- Our PNAC is the voice of the community, our main job is to give a voice to people who don't have a voice regarding Tri-County's services.
- I'm very pleased with the changes in the last few years. There are changes month to month and we are moving forward.
- The facilities are so much improved. The consumers feel like they are going to an 'uptown' office now.
- The Crisis Center makes crisis services more available. It is so important that we are visible like that.
- We have relationships and trust in the community.
- We need to continue to grow in visibility in the community.
- There needs to be more interaction between the Board and PNAC (having Board member Richard Duren on the PNAC is very helpful, "I love that"), but I know that PNAC has often been shy about visiting with the Board over the years.
- We need to do a better job connecting with the faith community because they have contact with so many folks that need our service.
- Overall, I'm just so proud of the growth of this center in the last few years.

Peer and Family Partner Services

Two Tri-County staff, who represent persons with 'lived experience' met with the Management Team as a part of strategic planning. Star Peralta, Tri-County Peer staff and current Tri-County Consumer and Sherrii Moore, Family Partner staff and family member of a person receiving services discussed the services we provide from the perspective of persons who receive care from the Center.

- The new facilities make such a difference in how you feel about the care you receive.
- Seeking help is an effort of trust and you have to trust the provider well enough to be open with them.
- Clients want to know what you are really typing on that computer (concurrent documentation). Let them know what you are typing. My doctor makes me feel like I am a part of the service, not what the service is about.
- We need to be authentic and really listen. We need to make ourselves relatable to the persons and families that we serve.
- Many times, parents are not honest because they are afraid that you will call an authority, like Child Protective Services, on them. We need to make sure they understand the rules and boundaries we operate under so that they can trust us.
- It is hard for persons in our system to trust.
- Turnover of our employees is very hard on our clients. Our peer function does a lot to try and bridge that gap.
- We need more peer services for those we serve.

Local Planning Feedback (Intellectual and Developmental Disability, FY 19)

In FY 19, Tri-County participated in our biennial Intellectual and Developmental Disability Local Planning. As a part of Local Planning, Tri-County sought feedback from stakeholders about services which are needed in our community. These stakeholders indicated need for the following services:

- Greater awareness about Intellectual and Developmental Disabilities (IDD), the needs of individuals, families and community organizations impacted by IDD and continued information on how to navigate the changing system of care.
- Need for more supports than are currently available. Feedback specifically cited the challenges with long interest lists for waivers, the need for additional respite and local transportation options as well as the need for increased funding to support the growing populations in all counties and the need to expand services in areas experiencing significant growth.
- The continued need for community collaboration and education surrounding available resources and how to access those resources for individuals with IDD including but not limited to, collaboration with local school systems to meet the needs of students with IDD and education on preparing for and navigating transitional stages of life.

There are limited services provided to persons or their families with Intellectual and Developmental Disabilities and many families are struggling to support their family member with the disability. This is complicated by the fact that many of these family members are aging and even though they are willing to take care of their loved one, are physically unable to do so. Services provided in the family home are, generally speaking, some of the best quality services which are available. They are also the least expensive for the tax payer. The Center needs to advocate for funding to develop or enhance systems which can support these natural systems of care.

Future Visioning:

As a part of our planning process, the Management Team spent considerable time over the last few years 'visioning' the ideal future for the Center. These visions are the ideal goals for the future of the work we do, short of a cure for the disorders; and, as such, these goals represent the long term goals for Center operations.

The following ideals have been endorsed by the Management Team:

Intellectual and Developmental Disability Services:

- Modernization of IDD processes to make them more efficient;
- Continue to advocate for full funding of all services that are needed by families;
- Creation of system navigators which guide families from contact with the Center;
- Changing terminology so that the community is clear about the terminology 'intellectual and developmental disabilities,' which includes use of stories to communicate about how these disorders effect families;
- Service offerings that have moved from what the state funds to services that truly meet the needs of those that contact us for services;
- Standardized person-centered, whole person care;
- Proactive services are in place to prevent preventable conditions;
- Automation of processes to make the programs more efficient; and,
- Appropriate preparation for and response to the Centers for Medicare and Medicaid Services' 'Final Rule'.

Behavioral Health Services:

- Programing and interventions which are driven by emerging science;
- We are a Certified Community Behavioral Health Clinic;
- We have achieved accreditation from one of the accrediting bodies, JACHO or CARF;
- Patient care is fully patient and family-centered, trauma informed and recovery based;
- Clinical protocols and evidence-based practices have been implemented which have led to a stable, predictable clinical system;

- Counseling available for everyone that wants or needs it;
- Program staff are trained in and are operating from evidence-based practices which have been clearly proceduralized;
- Fully integrated mental health and substance abuse treatment for those we serve;
- A children's service system has been developed that can expand as needed to meet community demand for services;
- Crisis programs and tools are continually enhanced to meet community needs;
- The Center has developed partnerships with universities which maximize the use of interns for mental health treatment; and,
- The Center is a leader in the development of community focus groups that would address system needs for adults and children, outpatient and inpatient.
- Enhanced partnerships with law enforcement entities and services designed to meet their needs.

Development:

- Greater community collaboration in multiple spheres of influence which include joint service offerings when possible;
- Programs are developed that financial partners want to 'buy into';
- Community Partners ensure that we are always 'at the table' for important conversations about needed services;
- The Centers' Mission and Vision are understood by the community; and,
- Our actions have helped 'normalize' persons with mental illnesses, substance use disorders and or intellectual disabilities.

Support Services:

- Software functionality which is focused on making client visits easier and faster.
- Proactive training is in place to ensure staff are better trained and have a better understanding of required tasks;
- Technology is implemented which is cutting edge and customer endorsed;
- Consistent validation of Center processes via Accreditation;
- Leadership is developed to continue Component Unit Boards and advisory groups;
- Maximizing grant activities;
- A fund balance exists that supports flexibility and creativity;
- At least 90 days of operations is in reserves at all times; and,
- Revenue has been diversified to ensure Center viability.
- Consistent ability to write grants as they become available for services.

Center Structure:

- The Center has professional facilities;
- There is a plan in place for debt retirement;
- Succession Plans have been identified and training is offered for those identified;
- The Center is more diverse;
- A budget structure is in place which supports a more complex and refined Center operations.

SWOT Analysis

Strengths:

- Tri-County has always had a strong and consistent Board of Trustees that values the mission of the Center. This Board has successfully regenerated many times, including Board leadership, with no disruption to Center services. Board members are connected to the community and are advocates for the persons we serve.
- Tri-County has focused on and can provide quick access to prescribers of psychiatric medications.
- Our staff are increasingly seen as experts on our issues in the community.
- Tri-County strives to comply with applicable laws, regulations and standards.
- Our staff is very committed to the consumers and work that we do, including many whose families have been impacted by these disorders.
- The new facilities in Conroe and Liberty are significant improvements for both staff and service provision.
- Tri-County has been and continues to be in a solid fiscal position. As of the end of FY 2020, the Center had over 90 days of operations in the bank.
- Tri-County has a strong fiscal services department with experienced staff.
- The Center trade organization, the Texas Council of Community Centers, has a strong management team and represents the Centers well.
- Tri-County has improving relationships with our community which has been aided by intentional efforts to complete outreach, Mental Health First Aid training and 1115 Transformation Waiver funding which has allowed us to fill service gaps.
- Tri-County continues to have access to resources (e.g. inpatient hospitals, client respite) that are available in the greater Houston area which are not always available in other parts of the state. In addition to local resources, the Center has developed Crisis Stabilization and Extended Observation units to meet the needs of persons in crisis.
- We have seen significant improvement in our community relationships including local schools.

- Tri-County has placed many senior staff in leadership roles in state-level workgroups and committees. These opportunities allow staff to build relationships with state partners and to have the ability to influence decisions which impact the Center.
- Tri-County has a history of excellent audit findings including near perfect Fiscal audits in most years, perfect IDD Waiver Provider audits, superior scores on IDD Authority Audits, and outstanding TCOOMMI performance.
- Tri-County is in a desirable part of the state to live and recruitment of staff is aided by our location.
- Tri-County commonly develops multidisciplinary teams to work on problems. These cross-functional teams allow staff to approach problems with multiple perspectives and this leads to more detailed planning.

Weaknesses

- For the last several years, the Center has struggled to find quality applicants.
- Turnover in clinical staff, both mental health and intellectual disabilities, has heightened awareness of our need for more developed clinical protocols and more consistent training to lessen the impact of this turnover.
- Staff, specifically leadership, could be more diverse in terms of ethnic and racial make-up.
- IDD funding is not adequate to meet the needs of our community.
- The length of time to recruit staff has increased, especially in key leadership roles.
- While center staff has historically been able to ensure compliance with extensive state contracts and guidelines, they can struggle with rapid change.
- Health and Human Services turnover is significant and many of the leaders of the department struggle to support Center operations for which they have oversight responsibilities.
- Our clinical software is approaching end of life and needs to be replaced.
- State contract requirements are complex and continue to grow in complexity each year.
- Managed Care Organization 'quality management' activities are increasing in frequency and complexity. Serving both HHSC and MCOs as masters with different views of the same rules is very challenging and leads to unnecessarily complex processes, inefficiency and consequently, greater cost.
- Administrative structures have not grown as the Center has grown and most are stretched and struggle to be proactive.
- Succession planning for key positions throughout the Center is difficult with the turnover that we have experienced.

- We do not currently have a person or department dedicated to writing grants.
- Intellectual and Developmental Disability funding remains low and it is difficult to develop needed programs for the community.
- The Cleveland Service Facility is not meeting the needs of our staff.

Opportunities

- There is much opportunity with social media.
- Risk Stratification gives us the opportunity to target interventions in ways that make the most impact on consumer wellbeing and center costs.
- The benefits department can grow and become more effective.
- There is opportunity to build on our School-based Mental Health clinics, including potential partnerships with Lone Star Family Health Clinic (FQHC).
- Stigma related to the services we provide seems to be decreasing.
- There are requests for the Center to meet more needs in the community, including lines of service which are outside of the Center's historical line of business (e.g. services in the jail/detention).
- The Center has the opportunity to be a leader in the discussion of issues related to mental illness or intellectual disabilities in our service area. More and more often, the Center is being invited into groups that are discussing the impact mental illness, suicide, intellectual disabilities, autism and other related issues. These community relationships can be leveraged for further growth.
- Leveraging new facilities to host and lead community collaborations.

Threats

- Compliance with MCO expectations while meeting HHSC expectations is a significant threat to Center funding.
- One significant threat is the pace of change for Community Centers like Tri-County. Staff are struggling to keep up with the demand for current services and the need to change how they deliver services.
- Increased contractual expectations from HHSC, especially for IDD Services.
- The growth of persons seeking our care who have private insurance which does not pay for the services that the individual needs.
- The Center needs to increase salaries and benefits to stay competitive in this employment market, but revenue is largely fixed.
- The Center struggles to help persons get Supplemental Security Income payments and the associated medical insurance.
- 1115 Transformation Waiver programs have added new resources to the Centers and these programs are well utilized. As a rule, these programs have become essential to our operations, but funding of these programs for the next two years

comes with significant changes to operations. Without these programs, the agency would have a significant hole in the service array that is currently being offered and the community is not likely to understand a 'withdrawal' of these services.

- Growth in adult mental health services, required with new funding from the State of Texas in recent years, is almost entirely composed of persons who are medically indigent. Medically indigent persons tend to be more complex in presentation, and therefore are more expensive to serve.
- There is a real threat associated with cyber security.
- The loss of institutional knowledge associated with turn-over remains a concern for the center. Services paid for with state funding are complex and require a level of experience for staff to be effect in providing these services or supports.
- Increased administrative requirements for all services being offered, especially those associated with IDD contracts, make it more difficult to be efficient in service provision. Each additional requirement has additional associated costs.
- As the population for our service area grows, so does the need for our services. While the Center desires to meet this demand for our services, resources to provide these services are limited.

Section 7: Fiscal Year 2021 Goals

The 'Future Visioning' section above represents the ideal five year goals for Tri-County as envisioned by the Management Team. Goal areas identified would serve as the overall goals for FY 2021.

Administrative Competence
Clinical Excellence
Community Connectedness
Fiscal Responsibility
Professional Facilities
Staff Development

Fiscal Year 2021 Objectives

Administrative Competence

Objective 1: Staff will apply for at least 4 grants for new services in FY 2021.

Clinical Excellence

Objective 1: Using existing state funding or new revenue source, Tri-County will create a plan to improve the IDD Intake process by April 1, 2021.

Objective 2: The Center will be certified as a CCBHC by April 1, 2021.

Objective 3: A team will be formed to investigate the CORE model and will create a business plan, including estimated costs for the program by June 1, 2021.

Community Connectedness

Objective 1: Tri-County will launch the new Tri-County website by February 28, 2021.

Fiscal Responsibility

Objective 1: The Client Benefits Department will be reorganized and additional staff will be hired to improve efficiency by April 1, 2021.

Professional Facilities

Objective 1: Staff will review Liberty and Huntsville Service Facilities and will create a plan for improvements, with estimated costs, by April 1, 2021.

Staff Development

Objective 1: A Diversity Workgroup will be formed and will develop a plan to increase training and understanding about culture in the workplace and how it impacts the persons we serve.

Closing Summary

Management Team staff have identified long term goals in six areas of emphasis and have developed a corresponding list of Objectives for FY 2021. These Goals and Objectives will be submitted for approval by the Board of Trustees at the September 24, 2020 Board meeting.

Agenda Item: Community Resources Report	Board Meeting Date: September 24, 2020
Committee: Program	
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

July 24, 2020 – September 24, 2020

Volunteer Hours:

Location	July	August
Conroe	11.0	55.0
Cleveland	0	0
Liberty	4.0	0
Huntsville	6.0	0
Total	21.0	55.0

COMMUNITY ACTIVITIES:

7/27/20	Veterans Basic Certification Training – In person	Conroe
7/27/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
7/28/20	Justice Involved Veterans Meeting – Armatus – In Person	Huntsville
7/29/20	Lonestar Convention Center Blood Drive	Conroe
7/29/20	Veterans Mentor Meeting - Virtual	Conroe
7/29/20	Victim Services in the Military; Domestic Violence and Legal Issues Meeting – Virtual	Conroe
7/30/20	Family First Urgent Care Networking Dinner – In Person	Conroe
7/30/20	United Way Veteran Volunteer Update Meeting – In Person	The Woodlands
7/30/20	Women’s Veterans Monthly Meeting – Virtual	Conroe
8/3/20	HEARTS Museum Veteran Meeting – In Person	Huntsville
8/3/20	Henry’s Home Collaboration Initiative – In Person	Conroe
8/3/20	Splendora ISD Prevention Services Planning Meeting with Administrators – Virtual	Splendora
8/4/20	Walker County Sheriff’s Office Training – In Person	Huntsville
8/4/20	Connect Hearing Network Meeting for Veterans – In Person	Spring
8/4/20	Liberty County Veterans Treatment Court – In Person	Liberty
8/5/20	Healing Waters for Veterans Program Update Meeting – In Person	Conroe
8/6/20	Grassroot Networking Meeting – Virtual	Conroe
8/6/20	Walker County Sheriff’s Office Training – Part II – In Person	Huntsville
8/7/20	Youth Empowerment Services Presentation for STAR Kids Care Management – Virtual	Conroe
8/7/20	What to Expect When Students Return; Mental Health after COVID-19 Presentation for Grangerland Intermediate School Staff – In Person	Grangerland
8/7/20	Woodforest Middle School Prevention Services Planning Meeting with New Caney ISD Administrators – Virtual	Porter
8/10/20	Tavola Elementary School Prevention Services Planning Meeting with New Caney ISD Administrators – Virtual	New Caney

8/10/20	Education Meeting and Marketing on Substance Use Disorders to CASA Workers – Virtual	Conroe
8/10/20	Liberty County Community Resource Coordination Group – Virtual	Liberty
8/10/20	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe
8/11/20	Montgomery County Community Resource Coordination Group – Virtual	Conroe
8/11/20	Assisting Victims Escape and Recover from Trafficking Meeting – Virtual	Conroe
8/11/20	Combined Arms Wellness Committee Meeting for Veterans – In Person	Conroe
8/11/20	Veterans Administration Webinar - Virtual	Conroe
8/12/20	Conroe Noon Lions Club Virtual Board Meeting – In Person	Conroe
8/12/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
8/13/20	Langetree Duck Farm Collaborative Veterans Meeting – In Person	Liberty
8/13/20	Behavioral Health Suicide Prevention – Military Connected Subgroup – Virtual	Conroe
8/13/20	Liberty County Veteran Resource Meeting – In Person	Liberty
8/14/20	Veterans COVID-19 Support Group – Virtual	Conroe
8/15/20	Armatus Veterans Peer Support Day – In Person	Huntsville
8/17/20	Sean Hanna Veterans Support Meeting – Virtual	Conroe
8/17/20	Service Members, Families and Veterans & COVID Meeting – Virtual	Conroe
8/18/20	Veterans Task Force Meeting - Virtual	Conroe
8/18/20	Montgomery County Civil Service Commissioners Meeting – In Person	Conroe
8/18/20	Montgomery County Community Resource Coordination Group – Virtual	Conroe
8/19/20	Texas Helping Outreach Professional Engagement (HOPE) Consortium – Virtual	Conroe
8/19/20	Montgomery County Jail Collaborative Meeting – Virtual	Conroe
8/19/20	Women’s Veterans Networking Meeting – Virtual	Conroe
8/19/20	Women’s Veterans Group – Kitchen Tales Meeting – Virtual	Conroe
8/20/20	Montgomery County Homeless Coalition Community Meeting – Virtual	Conroe
8/20/20	Behavioral Health Suicide Prevention Taskforce Meeting – Virtual	Conroe
8/20/20	Hero’s Pantry Collaborative Meeting – In Person	Spring
8/21/20	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES) - Virtual	The Woodlands
8/24/20	Service Members Veterans Family Peer Support Meeting – In Person	Conroe
8/24/20	Veterans Basic Certification Training – In Person	Conroe

8/24/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
8/25/20	Veteran Mentor Meeting – Virtual	Conroe
8/25/20	Montgomery County Veterans Jail Meeting - Telephone	Conroe
8/25/20	Montgomery County Veterans Court Mentor Meeting - Virtual	Conroe
8/26/20	Warrior Community Integration Symposium - Virtual	Conroe
8/26/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
8/26/20	Walker County Community Resource Coordination Group – Virtual	Huntsville
8/27/20	Women’s Veterans COVID-19 Support and Networking - Virtual	Conroe
8/27/20	Warrior Community Integration Symposium – Day 2 - Virtual	Conroe
8/28/20	New Caney ISD Counselor’s Meeting – In Person	New Caney
8/28/20	Staffing with Walker County Juvenile Justice – Virtual	Huntsville
8/29/20	Military Veteran Peer Network Meeting – In Person	Conroe
8/31/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
9/1/20	Henry’s Home Veteran Meeting – In Person	Conroe
9/2/20	Montgomery Chamber of Commerce Coffee Meeting – In Person	Montgomery
9/3/20	Women Veterans Weekly Zoom Meeting	Conroe
9/3/20	VA Women’s Health Research Network Meeting - Virtual	Conroe
9/3/20	Bridge Impact Grant Meeting with New Caney ISD – Virtual	New Caney
9/4/20	Texas Workforce Commission – TVC meeting – Virtual	Conroe
9/4/20	Willis ISD School Counselor Meeting – Presentation of Child & Youth Services and Intake Process – In Person	Willis
9/7/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
9/9/20	Veterans Montgomery County Jail Meeting - Virtual	Conroe
9/9/20	Conroe Noon Lions Luncheon – In Person	Conroe
9/9/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
9/10/20	Women Veterans Weekly Zoom Meeting	Conroe
9/10/20	Military Informed Culture Training - Virtual	Conroe
9/10/20	Huntsville ISD District Leadership Meeting	Huntsville
9/10/20	Montgomery County Jail Veteran POD Training – In Person	Conroe
9/10/20	Behavioral Health Suicide Prevention Meeting – Virtual	Conroe
9/10/20	Huntsville Chamber of Commerce Breakfast – In Person	Huntsville
9/14/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
9/14/20	SMI PACT: A Specialized Primary Care PACT to Improve the Health Care of Veterans with Serious Mental Illness – Virtual	Conroe
9/15/20	Montgomery County Community Resource Coordination Group – Virtual	Conroe
9/16/20	Conroe Noon Lions Club – Veterans Speaking Engagement – In Person	Conroe

9/16/20	Women Veteran's Network Meeting – Virtual	Conroe
9/16/20	Women's Group Meeting – Kitchen Tales – Virtual	Conroe
9/16/20	Hero's Pantry for Veterans – In Person	Cypress
9/16/20	Women Veterans Weekly Zoom Meeting	Conroe
9/16/20	Behavioral Health Suicide Prevention – Trauma and Grief Planning Meeting - Virtual	Conroe
9/16/20	Montgomery County Child Fatality Review Team (CFRT) - Virtual	Conroe
9/16/20	Walker County Community Resource Coordination Group – Virtual	Huntsville
9/17/20	Behavioral Health Suicide Prevention – Pediatric Work Group Meeting – Virtual	Conroe
9/18/20	The Woodlands Chamber of Commerce Annual Meeting and Awards – Drive-by	The Woodlands
9/21/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
9/22/20	Military Veterans Peer Networking – Virtual	Conroe
9/23/20	Montgomery County Veterans Treatment Court – Veterans	Conroe

UPCOMING ACTIVITIES:

9/24/20	Veterans Wellness Committee Meeting – Virtual	Conroe
9/24/20	Women Veterans Weekly Zoom Meeting	Conroe
9/24/20	United Way's Virtual Community Campaign Kickoff	The Woodlands
9/25/20	Staffing with Walker County Juvenile Justice – Virtual	Huntsville
9/28/20	Service Members, Veterans, and Family Peer Support During COVID-19 Meeting – Virtual	Conroe
9/29/20	Henry's Home Veterans Meeting – In Person	Conroe
9/29/20	2020 Virtual Texas Reentry for Veterans - Virtual	Conroe
9/29/20	Walker County Community Resource Coordination Group – Virtual	Huntsville
10/1/20	Cleveland Chamber of Commerce Luncheon – In Person	Cleveland
10/5/20	Behavioral Health Suicide Prevention – Trauma and Grief Workgroup Meeting – Virtual	Conroe
10/8/20	Huntsville Chamber of Commerce Breakfast – In Person	Huntsville
10/19/20	Behavioral Health Suicide Prevention – Trauma and Grief Workgroup Meeting – Virtual	Conroe
10/20/20	Montgomery County Community Resource Coordination Group – Virtual	Conroe

Agenda Item: Consumer Services Report for July and August 2020 Committee: Program	Board Meeting Date: September 24, 2020
Background Information: None	
Supporting Documentation: Consumer Services Report for July and August 2020	
Recommended Action: For Information Only	

Consumer Services Report

July 2020

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	584	54	39	49	726
Crisis and Transitional Services (LOC 0, LOC 5)	43	0	0	0	43
Psychiatric Emergency Treatment Center (PETC) Served	38	0	3	5	46
Psychiatric Emergency Treatment Center (PETC) Bed Days	151	0	11	15	177
Adult Contract Hospital Admissions	41	4	3	3	51
Child and Youth Contract Hospital Admissions	5	0	1	0	6
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1408	205	114	90	1817
Adult Medication Services	995	86	64	105	1250
Child Service Packages (LOC 1-4 and YC)	723	59	29	80	891
Child Medication Services	192	11	6	31	240
TCOOMMI (Adult Only)	109	13	15	11	148
Adult Jail Diversions	0	0	0	0	0
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	0	0	0	0	0
Service Coordination	733	37	45	70	885
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	25	4	14	18	61
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	7	0	0	0	7
Adult Substance Abuse Treatment Services/COPSD	59	0	0	2	61
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	42	0	0	0	42
Home and Community Based Services Interest List	1962	151	176	226	2515
July Served by County					
Adult Mental Health Services	1878	165	128	207	2378
Child Mental Health Services	808	62	34	89	993
Intellectual and Developmental Disabilities Services	791	45	57	75	968
Total Served by County	3477	272	219	371	4339
July Number Served by Phone by County					
Adult Mental Health Services	1195	106	41	105	1447
Child Mental Health Services	732	56	32	83	903
Intellectual and Developmental Disabilities Services	783	45	55	75	958
Total Served by County	2710	207	128	263	3308
July Number of Services by Phone by County					
Adult Mental Health Services	2505	218	83	209	3015
Child Mental Health Services	2550	164	113	335	3162
Intellectual and Developmental Disabilities Services	2930	172	258	333	3693
Total Served by County	7985	554	454	877	9870
June Served by County					
Adult Mental Health Services	1883	179	153	205	2420
Child Mental Health Services	855	65	40	83	1043
Intellectual and Developmental Disabilities Services	783	43	56	77	959
Total Served by County	3521	287	249	365	4422

Consumer Services Report

Aug 2020

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	599	40	27	55	721
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	68	6	4	5	83
Psychiatric Emergency Treatment Center (PETC) Bed Days	199	16	16	14	245
Adult Contract Hospital Admissions	15	2	1	0	18
Child and Youth Contract Hospital Admissions	4	0	0	0	4
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1435	205	109	120	1869
Adult Medication Services	965	79	58	86	1188
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	739	59	31	76	905
Child Medication Services	249	20	16	22	307
TCOOMMI (Adult Only)	104	13	10	12	139
Adult Jail Diversions	2	0	0	0	2
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	1	0	0	0	1
Service Coordination	734	36	45	72	887
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	25	4	14	18	61
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	8	0	0	0	8
Adult Substance Abuse Treatment Services/COPSD	61	0	0	1	62
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	36	0	0	0	36
Home and Community Based Services Interest List	1958	151	176	226	2511
August Served by County					
Adult Mental Health Services	1851	151	117	214	2333
Child Mental Health Services	842	68	35	80	1025
Intellectual and Developmental Disabilities Services	788	43	56	78	965
Total Served by County	3481	262	208	372	4323
August Served by Phone by County					
Adult Mental Health Services	1100	100	50	143	1393
Child Mental Health Services	745	60	31	78	914
Intellectual and Developmental Disabilities Services	772	43	56	77	948
Total Served by County	2617	203	137	298	3255
August Services by Phone by County					
Adult Mental Health Services	2273	233	80	267	2853
Child Mental Health Services	2590	187	106	330	3213
Intellectual and Developmental Disabilities Services	2852	163	238	303	3556
Total Served by County	7715	583	424	900	9622
July Served by County					
Adult Mental Health Services	1878	165	128	207	2378
Child Mental Health Services	808	62	34	89	993
Intellectual and Developmental Disabilities Services	791	45	57	75	968
Total Served by County	3477	272	219	371	4339

Agenda Item: Program Updates	Board Meeting Date: September 24, 2020
Committee: Program	
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

July 24, 2020 – September 24, 2020

Crisis Services

1. We are getting closer to having everything in place to start utilizing psychiatrists with ETBHN to provide crisis on-call coverage from 10pm to 8am seven days a week. This will ease the strain on the three Tri-County psychiatrists who are currently providing that on-call coverage. We continue to test televideo equipment to ensure the ETBHN psychiatrists will be able to conduct televideo evaluations and there are some administrative tasks related to accessing the electronic health record, etc. that are underway.
2. We have filled the psychiatrist position at the PETC that has been open for several months. The new psychiatrist must finish his notice period at his current job and will be joining us in November. We are also excited to report that he speaks fluent Spanish.
3. We saw a 47% increase in hotline calls in July of 2020 when compared to July of 2019. Most persons calling the line have been referred to outpatient assessment services so they can be evaluated for ongoing care.

MH Adult Services

1. In preparation for CCBHC, the Rural Clinics are providing training and support to staff on care coordination, which changes the model for service provision from referral to connection to providers to address needs, thereby allowing a more holistic approach to care. During implementation of this process, the feedback from clients and staff has been positive and there has been a noticeable increase in engagement with routine case management services. The program is looking forward to helping clients to reach their recovery goals using this strategy.
2. The intake program has observed a 35% increase in requests for services compared to the same period in 2019. The program has also identified that during the pandemic, the primary concerns reported are related to depression and anxiety, with many of those requesting care presenting for treatment for the first time due to difficulty managing symptoms.
3. The First Episode Psychosis program staff participated in the first FEP conference, which was held online. The conference allowed the team to engage with other providers from around the country and learn about innovative strategies and techniques related to topics including peer supports, issues with psychosis, building programs, screening tools, and future of FEP programs. Overall, this was an invaluable experience for the team and we look forward to implementing learning.
4. The Adult Outpatient Program has made changes to the routine, office-based treatment to provide additional support during COVID, include additional skills training, which is intended to increase support, provide higher quality and more comprehensive care to individuals served. Services continue to be provided telephonically, however by making this change, individuals are reporting enhanced satisfaction with services received and appreciation for the extra care and quality time spent with their Case Coordinator.
5. Dr. Sneed is still in contact with a psychiatrist current working at another Center who may be interested in our open Adult Outpatient psychiatry position.

MH Child and Youth Services

1. Our Child and Youth Mental Health Specialists started weekly, small group virtual meetings to discuss different barriers and stressors they are facing while navigating working from home and telehealth services as well as discussing wins and accomplishments. The goal of these groups is to help boost morale and selfcare, allow staff to continue to see and interact with each other regularly, and provide the best services they can. We are receiving positive feedback from staff and starting to see some improvements in client engagement.
2. Our Child and Youth Counselors have all completed training in order to provide Trauma-Focused Cognitive Behavioral Therapy to our children and youth who are experiencing emotional and behavioral reactions to traumatic experiences. This evidence-based approach engages the caregivers in the healing process as well.
3. The school-based teams are excited they are back to their campuses. They will continue to provide telehealth services to kids that are not at school, but are looking forward to safely getting back into the groove of coordinating with school district staff on their campuses.
4. We are excited about our new school-based campuses Creighton Elementary and San Jacinto Elementary. The San Jacinto Elementary campus program is funded in part by the Houston Methodist Foundation. At Creighton we will be able to continue our relationship with Ms. Thacker the former principal at Armstrong Elementary which has been a very successful clinic.
5. Requests for C&Y Services has steadily increased now that school has started back. We are noticing that school administrators, including school counselors and principals are being very proactive in identifying and referring students who need our assistance.
6. It is clear our relationships with local school districts are stronger than ever. Not only are the referrals for our services flowing, but our personnel are being invited on school campuses when other visitors are not allowed due to COVID precautions.
7. We are concerned about the severity of presenting problems for many of our new clients. Several families are initiating services following a youth suicide attempt. Thankfully, we have implemented an evidence-based suicide screening tool is assisting with monitoring the safety for the youth we serve.
8. Our C&Y Mental Health Specialists are reporting scheduling problems related to children and youth returning to school in person. These students are less available for phone and virtual services, but we are working with families to problem-solve to prevent gaps in services.

Criminal Justice Services

1. The Criminal Justice Services program has completed a state desk review of their intake program. The audit covered April, May and June of FY20. The final results have not been received, however the initial feedback is positive, demonstrating the high rate of fidelity to the requirements outlined in the contract that the program maintains.
2. The Liberty County Jail will move under the supervision of the Sheriff's office, effective October 1st. While the impact of this change is unknown at this time, an increase in requests for Tri-County involvement with assessments and diversion of incarcerated individuals is expected.

Substance Use Disorder Services

1. We have received renewals of all three Substance Use Disorder (SUD) treatment programs as a part of an FY 2020 grant application process and each program was funded at higher levels for FY 2021 than they had been in the past.
2. The SUD program reports that there has been an increase in requests for adult services in the month of August, resulting in a full census.
3. To address the need for service, the adult SUD program has started offering a virtual counseling group using telehealth. Although the group is limited, it is anticipated that this treatment modality will increase positive treatment outcomes among participants, as well as enhance motivation to change, build social supports, promote long-term recovery, and allow greater service capacity.
4. Our SUD prevention team has received approval and is prepared to provide Curriculum-Based Prevention Skills Groups via the video platforms hosted by participating schools starting in September.
5. Our SUD prevention team has significantly increased social media engagement on their Facebook and Instagram pages. There has been a push from HHSC to utilize social media more due to limited face-to-face services we can provide during the pandemic. Our prevention team responded to this challenge with enthusiasm and creativity.
6. Although HHSC allows us to teach curricula lessons virtually in accordance with the guidance established by the curriculum developer, many area schools are going back face-to-face, resulting in numerous requests for face-to-face groups on school campuses. The prevention team is excited to start working directly with the students again.

IDD Services

1. IDD Provider Day Habilitation sites have been closed since March 18th and currently do not have an opening date identified. Families are hoping we open our doors soon because their family members are struggling. When staff evaluate opening Day Habilitation sites, we have to be aware of challenges with both complex comorbid health conditions of some of the staff and potential difficulty with social distancing. Staff are working on plans to open Day Habilitation in the next couple of months if COVID-19 numbers continue to decline.
2. IDD Provider Supervised Living Homes have been doing well providing 24/7 services within the home. Some of our consumers are unable to understand the restrictions that have been placed on society due to COVID-19.
3. IDD Provider Surveys were delayed again and staff were notified they will resume August 24th. HHSC is going to work on the most out of date surveys first, so we may not have our review for several months to come. Our Survey is typically scheduled in May or June.
4. IDD Provider services experienced one COVID-19 positive consumer case in Host Home setting and the Host Home Provider also tested positive. A second consumer who lives in the home tested negative so arrangements were made for the individual to be moved out of the home for their safety. Fortunately, the consumer that tested positive had fever for a couple of days and then no further symptoms. We had to report this positive client to HHSC and they assigned a COVID-19 investigator who called to monitor the status weekly until the client and provider were well. In September we had one additional case with

individual and their Host Home Provider tested positive. Fortunately, their symptoms only lasted one day.

5. IDD Authority Service Coordinators continue to work from home and have been successful in contacting the majority of families. Some families and providers are growing tired of the phone calls.
6. Contacting individuals in nursing facilities continues to be a challenge. Nursing facilities continue to have responsibility for the care of individuals while also experiencing staff shortages. Service Coordinators believe that it is essential to attempt to contact these Nursing Facility clients to ensure that they are staying healthy and their needs are being met.
7. As of August 3rd, there have been 40 slots offered off of the HCS Interest List in our three counties.

Support Services

1. Quality Management (QM):

- a. The Continuous Quality Improvement (CQI) Committee met two times in August to continue working on the FY 20 CQI goals which include increasing staff competency of the CQI Program and annual goals, reduction of the no show rate, suicide reduction, and reduction of 30 day re-hospitalizations. Annual reports and FY 21 goals are currently being finalized at this time.
- b. Staff coordinated follow up and training resulting from the Optum Corrective Action Plan which was approved by Optum on July 16, 2020.
- c. Staff worked with several departments and Center staff to review planning activities over the past year in combination with targeted planning meetings and survey results and combined this information to complete the draft Consolidated Local Service Plan (CLSP).
- d. Staff reviewed 39 notes containing the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier for the month of July and 29 for the month of August to ensure proper use and documentation of this modifier for individuals indicating a need for Substance Use Disorder Intervention and provided additional training to staff as indicated.

2. Utilization Management (UM):

- a. The Junior Utilization Management Committee continues to track and monitor the Center's performance data to ensure that required measures are met, to monitor CQI data for changes and identify trends in the data that may help guide program services.
- b. Staff reviewed 10% of all Center discharges to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers is provided following each review to ensure appropriate follow up and continued training as needed.

3. Training:

- a. Staff have successfully provided Trauma Informed Care 2.0 to all designated Center staff. Several virtual trainings have been provided at various times throughout the past several months to ensure the ability for all staff to take this training whether located in the office or working from home.
- b. New Hire Orientation has continued through a combination of face to face and virtual training which has been successful to date.
- c. The Administrator of Quality Management provided Child and Adolescent Needs and Strengths Assessment (CANS)/Adult Needs and Strengths Assessment (ANSA) Superuser training to 40% of the Center's users of this assessment in line with contract requirements. As you may recall, this training is to occur two times a year and is submitted to the State in accordance with the submission calendar.
- d. The Clinical Trainer is developing and currently providing a series of trainings to staff that will help them prepare for the Center attaining certification as a Certified Community Behavioral Health Center (CCBHC). Trainings include but are not limited to, Person Centered and Family Centered Care including the role of Peers and Family, Interpreting in a Medical setting, enhanced Crisis training including training on evidence based tools as appropriate, enhanced Recovery Plan Training, training on Continuous Quality Improvement and annual goals, training on Care Coordination and Cultural Diversity and several other key elements required of CCBHCs.

4. Veteran Services and Veterans Counseling/Crisis:

- a. The Veteran Support team has been able to provide a number of services out in the field through Henry's Home Horse Sanctuary and the Langetree Duck Farm; both providing animal support for Service Members, Veterans, and their family members.
- b. Veterans virtual support groups have increased over the past couple of months due to ongoing stress, anxiety, and depressive symptoms.
- c. Veterans crisis services and case management has also increased due to more Veterans than ever reaching out for help.
- d. We are training the Walker County Sheriff's Department in First Responders Mental Health First Aid and have held two different classes to date.

5. Planning and Network Advisory Committee(s) (MH and IDD PNACs):

- a. The IDD PNAC met on August 19, 2020 where they reviewed program services and membership needs. The committee currently has two vacancies and is processing two referrals for new membership at this time.
- b. The Regional PNAC met on August 19, 2020 to review the Local Provider Network Development Plans for the participating Centers.
- c. The MH PNAC met on September 9, 2020 where they reviewed the Draft Local Plan and annual Continuous Quality Improvement (CQI) goals as well as discussed new goals for FY 2021. The MH PNAC currently has two vacancies and has requested that we seek additional members when possible to ensure the committee is in compliance with the required minimum membership of nine should a resignation occur in the future. We are currently processing three potential candidates.

Community Activities

1. The COVID-19 Team is working with an unrepresented amount of community members in crisis; most of which have never received services. In addition, one-third of these individuals are being referred to crisis therapy services due to the severity of symptoms being outside the scope of practice for our bachelor's level screening staff.
2. Mental Health First Aid has begun offering classes again and has completed their first on-line training. The class has decreased from an eight-hour class to a six-hour class; making it easier to provide in the community.
3. The new Superintendent of Huntsville ISD reached out for us to continue participating on the Student Care Team. The school system is very concerned about the teacher's ability to manage the symptoms the children are going to be returning with and want to begin troubleshooting issues.
4. Staff attended the Texas HOPE Consortium whose goal is to increase support and care of our local immigrant communities and prevent these individuals from being taken for granted.

Agenda Item: Planning Network Advisory Committee Annual Reports Committee: Program	Board Meeting Date September 24, 2020
Background Information: According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees' activities for the year and committee attendance. Many of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group's focus. The attached reports on the two committees' activities are provided for your information.	
Supporting Documentation: Mental Health PNAC Annual Report Intellectual and Developmental Disabilities PNAC Annual Report	
Recommended Action: For Information Only	

Mental Health Planning Network Advisory Committee FY 2020 Annual Report

In FY 2020, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

- MH Performance Measures Status Reports
- Annual Budget and Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates

Special presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers as well as to receive feedback on areas of quality improvement. This year, the Committee reviewed and discussed the results of the Program Survey of the Substance Abuse Prevention Program, a summary of Fidelity audits of several Evidence Based Practices utilized at the Center, information about the Continuous Quality Improvement (CQI) program including the FY 20 CQI annual goals, and information and updates on the Center's steps toward achieving certification as a Certified Community Behavioral Health Clinic (CCBHC).

In FY 20 the Committee received annual training as well as training on the Consolidated Local Service Planning Process and the Local Provider Network Development (LPND) requirements. The Committee members participated in a planning session on February 19th and actively participated in planning activities throughout the year. The committee discussed the unique challenges facing our Center, including our proximity to a large city as well as continued rapid growth in our area as it related to current funding. Members discussed several needs for our area with focus on the following: Transportation; Housing for individuals with mental illness and substance use disorders; Staff Retention and continued need to identify additional funding sources to support the rapid growth in our catchment area.

Membership was a significant focus of the committee in FY 20 with four new members appointed throughout the year. The MHPNAC is required to have nine members and as of the end of FY 20 was at eight members. There was one resignation at the end of the year leaving a total of two vacancies. The Committee currently has three additional candidates pending at the time of this report which, if approved would bring us to ten members.

The MHPNAC met five times for regularly scheduled meetings with several other communications via electronic means following the arrival of the pandemic. Member, and MHPNAC Board Liaison Richard Duren attended the Regional Planning and Network Advisory Committee on behalf of the committee throughout the year and the MHPNAC was pleased to welcome two of our Peer Providers onto the committee this past year.

Intellectual and Developmental Disabilities Planning Network Advisory Committee

FY 2020 Annual Report

In FY 2020, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

- IDD Performance Measures Status Reports
- Annual Budget and Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates

Special program presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers so that they may provide informed feedback. This year the Committee reviewed and discussed updates to the Autism Program, the Continuous Quality Improvement Program, including a review of annual goals and attended annual training.

The Committee actively reviewed and discussed the provision of services through review of program and Center updates throughout the year. Topics of discussion included but were not limited to, highlights and changes to ongoing services; annual and desk audits by HHSC and Medicaid; Staff training and retention efforts; Home and Community Based Services Interest list status, slots released and monitoring; and service provision, response and impact related to the COVID-19 pandemic. Committee members continue to express concerns surrounding the growth of the HCS interest list, the importance of community education on the HCS interest list as well as on education surrounding available options for support of their family members with IDD. The IDDPNAC Committee discussed the importance of retention and training of staff due to the complex nature of IDD services and supports and continues to share concerns about the availability of funding to support needed services around the State.

In FY 2020, the IDDPNAC met five times and had an overall attendance of 60%.

The IDDPNAC has seven members and we are currently processing two possible candidates at the time of this report. If approved, this will bring the membership to nine, which is the required number per contract.

Long standing PNAC member Judie Hunter, attended the Center Strategic Planning Session in order to share the position of and feedback from the PNAC Committees. As a result of this feedback, the Committee would like to continue seeking additional members over the next year to include individuals served as recommended during the Center's annual strategic planning session.

Agenda Item: FY 2020 Goals and Objectives Progress Report Committee: Program	Board Meeting Date September 24, 2020
Background Information: Attached is the final report of the Board Goals and Objectives for FY 2020.	
Supporting Documentation: FY 2020 Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2019 – August 31, 2020

Goal #1 – Administrative Competence

Objective 1:

Staff will implement electronic workflows for timesheets and budgeting by May 31, 2020.

- The move to electronic timesheets (along with a new payroll cycle) was completed for our HR software during the first quarter of FY20. As well, our job postings and applications are now processed through our new HR software. Our personnel files are moving toward a paperless process with most contents routed electronically through the Center for approvals and processing.
- We completed building electronic workflows for disciplinary documentation and annual performance reviews in the second quarter of FY20 in our HR software, but were unable to fully utilize, as we could not hold face to face training sessions for our supervisors due to COVID-19. In the third quarter, we explored scheduling remote/video training sessions for our supervisors to be held starting in the fourth quarter of FY20. Since many of our staff are working remotely as well, this type of electronic approval system is needed more than ever.
- In the third quarter of FY20, staff continued to work on transferring files from our old HR archives of scanned paper files into our new HR software. Unfortunately, this is a manual process and rather time consuming.
- In the fourth quarter of FY20, we started utilizing more of the HR software's position management function, by entering updated position descriptions for all Center employees.
- We have completed all of the administrative training for the new budgeting software. The FY 2021 final staff position data is verified and uploaded. And we have uploaded the agency detailed revenue and expense budget for FY 2021. After we start to have data for the new year we will provide department managers training which should enable managers to have better cost data for their programs. We look forward to having this information available for future planning and budgeting.

Objective 2:

All computers that are in use by staff for services will be converted to the Microsoft Windows 10 operating system and Microsoft Office 2019 software suites by March 31, 2020.

- Completed as of February 7, 2020.

Goal #2 – Clinical Excellence

Objective 1:

Tri-County will submit documents to HHSC to be certified as a Certified Community Behavioral Health Clinic by June 20, 2020. Regular reports on progress will be made to the Board of Trustees.

- The CCBHC Leadership Team made up of Amy Foerster, Diane Van Lier, Evan Roberson, Kenneth Barfield, Sara Bradfield, Melissa Zemencsik, Millie McDuffey and Tanya Bryant spent the entire month of February working on CCBHC Certification procedures. The finished manual is 1312 pages.
- The CCBHC Certification application was submitted to HHSC on March 6, 2020. HHSC has acknowledged receipt of our application and provided the following information about their process from here:

“We are currently working through other centers, with Tri-County being the 13th center to apply for certification. We are planning to start your certification process in mid-June, so will be reaching out again sometime in May to set up a call. This allows us time to review and provide each individual center with appropriate feedback. When we start working with a center, we schedule a call with executive leadership in order to go over the CCBHC process, some of the key requirements of the model, and timelines for submitting documents and for our review. Currently, we are not planning to visit folks that have a direct contract with HHSC, as we also get information from QM to help inform some elements of our review.”
- We expected a call from HHSC in “mid-June” to discuss next phases of the approval process and to submit CCBHC Documentation, but instead received the call in late-August. All of our Certification Procedures have been submitted to HHSC and we are awaiting feedback and a score. A score of 90% is required to move onto the next phase which is staff interviews to ensure that we have implemented the Certification principles.
- Staff are currently working on training programs and operating procedures related to the CCBHC Certification manual. This was slowed by COVID-19, but we held our first of 12 weekly ‘CCBHC University’ classes for a select group of staff (28 individuals) in the last week of August.

Goal #3 – Community Connectedness

Objective 1:

The Tri-County Consumer Foundation will hold at least two fundraisers in FY20.

- Due to COVID-19 the Foundation board has put a halt on any community fundraising events until further notice.

- The board applied for a Wells Fargo Community Grant, but it was not approved. The Board has since begun completing the application process for a Montgomery County Community Foundation Grant.
- Raymond Sanders, Executive Vice President of Woodforest National Bank and Catherine Prestigiovanni will be working together with local banks to identify additional funding opportunities for the Foundation. In addition, Mayor Lynn Scott has suggested a letter writing campaign which will begin in FY 21.

Objective 2:

Tri-County will leverage social media to “tell our story” in FY20 as evidenced by weekly social media posts about Tri-County and the services we offer.

- During the first quarter of FY20, we worked to build the TCBHC brand to gain recognition and awareness in the community. As well, we added to our social media platform through the creation of both Tri-County Instagram and Twitter accounts (@TCBHC). By the end of the first quarter of having these accounts, we ranked #10 on Twitter and #6 on Instagram among the thirty-nine community centers in number of followers and we hope to see that number (and outreach) grow.
- In the second quarter of FY20, we explored building our LinkedIn profile as well as ways to utilize our social media accounts to assist with recruiting efforts.
- In the third quarter of FY20, we utilized social media (in conjunction with HHSC Disaster Behavioral Health Grant) for the #TexansRecoveringTogether campaign. This campaign consisted of posts at least every other day (in English and Spanish) on Facebook and Twitter. The posts promoted COVID-19 safety, the state’s COVID-19 Mental Health Support Line, and our own COVID-19 Crisis Team (936-521-6331).
- In the fourth quarter of FY20, we continued to grow our social media presence. During the fourth quarter of FY20, we started Facebook and Instagram pages for our Youth Substance Abuse Prevention Program (@TCYSAP). As well, we continued our Social Media outreach on the #TexansRecoveringTogether campaign, promoting mental health awareness and support during the COVID pandemic.
- September is Suicide Awareness month. We are planning to utilize our social media to post a daily reminder to talk about suicide, know the symptoms, to ask for help, and to be okay with not being okay.

Goal #4 – Fiscal Responsibility

Objective 1:

Staff will issue a Request for Proposals for Benefits Managers by February 29, 2020.

- Our deadline on this objective was pushed back to March, as CCBHC certification work became our top priority. We planned on picking this back up for completion in the third quarter of FY20, but our COVID-19 response has prevented us from doing so; therefore, it is our intent to pursue this goal in FY 2021.

Goal #5 – Professional Facilities

Objective 1:

Staff will present a plan for a new facility in Cleveland, Texas for approval by the Board by February 29, 2020.

- The Cleveland Facility team has worked with our Building Consultant, Mike Duncum, and ARCHTEX architects to develop a site plan and feasibility study for the new Cleveland Facility. The plan would have been ready for February, but the owner of the planned site changed the price of the property just before going to the Board.
- After the price on our initial tract of property fell through, a 4.26-acre site for the Cleveland facility was located and is under contract pending Board approval.
- Staff planned to make a full report to the Board at the April meeting and hoped to receive Board authorization to begin the steps necessary to construct the facility. However, after consultation with the Board Chair, Evan Roberson pulled this item from the April agenda because of the implications of the COVID-19 response.
- In July of 2020, the Board approved purchase of the 4.26-acre site and the site was purchased in early September 2020. Next decisions about the Cleveland Service Facility will be delayed until sometime in FY 2021.

Goal #6 – Staff Development

Objective 1:

At least five current computer-based training courses will be converted to face-to-face training by May 31, 2020.

- Five computer-based training (CBTs) courses were identified in Quarter 1 and were converted into face-to face training format and were under review in Quarter 2.
- Prior to incorporation of these trainings into New Employee Orientation (NEO), the Center applied to be a Certified Community Behavioral Health Clinic (CCBHC) and identified other trainings needed and prioritized some items related to CCBHC. Additionally, following the COVID-19 pandemic, Infection Control was added to the priority list of CBTs to be transitioned to face to face training.
- Currently, Severe Weather/Bioterrorism and Infection Control have been transitioned from CBTs into face to face trainings. In addition, staff have developed new face to face trainings for Person and Family Centered Care and Interpreting in a Medical Setting.
- In addition, several new face to face trainings were completed and will be implemented for CCBHC certification. While these trainings do not represent a conversion from 'current CBT' to face to face trainings, these new trainings have been developed in line with our philosophy to shift away from computer-based training.
- On August 17, 2020 the Management Team reviewed and approved the conversion of the final to CBT courses converted to face to face trainings. One current crisis CBT was incorporated into an expanded face to face crisis training, Bioterrorism and Emergency Preparedness CBTs were combined into one face to face training on Disaster response

and People with Serious Mental Illness and Disabilities Overview CBTs were combined into a face to face training called 'Those We Serve'. The following six trainings have now been converted to face to face trainings:

- Emergency Preparedness
- Bioterrorism
- CALM
- People with Serious Mental Illness
- Disabilities Overview
- Infection Control

Objective 2:

All staff will be trained in part two of the Trauma Informed Care training by August 31, 2020.

- As of May 31, 2020, 197 staff have been trained on part two of the Trauma Informed Care training. Due to COVID-19, these face to face trainings were suspended temporarily, but we have implemented virtual training and believe this objective will still be completed by the end of the year.
- As of August 31, 2020, all direct care staff working in our outpatient clinics were trained in Trauma Informed Care 2.0 and arrangements were made for the six remaining crisis staff (some of whom work intermittently) to take the training.

Agenda Item: 4 th Quarter FY 2020 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date September 24, 2020
Background Information: <p>The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4th quarter of FY 2020 are included in this Board packet.</p>	
Supporting Documentation: 4 th Quarter FY 2020 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

4th Quarter, FY 2020

Corporate Compliance Activities

A. Key Statistics:

Eight allegations/concerns were investigated or reviewed to completion in the 4th Quarter.

- 1-3. One complaint resulted in three individual allegations/investigations in one program area. The allegation(s) accused staff of inflating billable service times by completing non-billable assessments during the billable service. The investigations resulted in one resignation, one termination, and one unconfirmed finding. Payback was made in the amount of \$188.35.
4. The fourth allegation was that an employee was completing non-billable assessments during the billable service time. The allegation was confirmed, and the staff resigned. This resulted in zero payback.
5. The fifth allegation reported that an employee was copying and pasting documentation. The allegation of copy and paste was unconfirmed. A separate finding in the investigation however, resulted in payback in the amount of \$534.56 due to incomplete documentation. The staff received additional training from their supervisor on the finding.
6. The sixth allegation claimed an employee was inflating billable service time. The allegation was unconfirmed, and no payback was made.
7. The seventh allegation claimed overlap with assessments during service time. The allegation was confirmed, and the staff received a retraining and a warning. No payback was made.
8. An eighth concern was reviewed and resulted in the staff having one service overlap into the documented service provided to another client. No payback was made, and the service times were corrected.

B. Committee Activities:

The Corporate Compliance Committee met on August 26, 2020. The Committee reviewed the following:

1. A final summary of the 3rd Quarter investigations;
2. 4th Quarter updates; and
3. Trending concerns.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted five record requests, totaling 54 charts.

2. Staff participated in the Quarterly Superior HealthPlan on-site audit on August 12, 2020. All charts reviewed scored between 85.5% and 98.40% with an overall chart average score of 91.03%. 77.78% and 88.89%. Following review staff identified several concerns related to the audit including findings on document reported to be missing that were in fact submitted along with several other concerns. Staff are currently working through these concerns prior to formulating a formal response.
3. Staff conducted several internal audits including progress note reviews, discharge documentation, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

B. Reviews/Audits:

1. Staff prepared and submitted four charts going back three months for the quarterly Superior HealthPlan on-site audit.
2. Staff reviewed and submitted three record requests totaling 26 charts to private insurance companies for services they were billed dating back to January 2019.
3. Staff reviewed and submitted 24 charts to Amerigroup for services dating back to January 2019.
4. 20 progress notes were reviewed in detail by staff for services provided by Adult and Child and Youth Outpatient for any compliance or quality concerns. Areas needing improvement were communicated to the supervisor and re-training was provided as needed.
5. Staff reviewed 101 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly with 92% of charts reviewed meeting the criteria. Follow up was made with supervisors as appropriate to initiate additional education as needed.
6. Staff reviewed 67 discharges that occurred in Q4 and communicated areas that were needing improvement to supervisory staff as needed.
7. Early in Quarter 4, Staff completed audits that were underway at the end of the third Quarter related to the Fidelity to several Evidence Based Practices: Seeking Safety, START, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Illness Management and Recovery (IMR).

C. Other Quality Management Activities:

1. Staff have continued to hold Continuous Quality Improvement (CQI) Committee meetings throughout Quarter 4 and the Junior Utilization Management Committee has continued to analyze data related to the annual CQI goals on a weekly basis. Several changes have been implemented as a part of the CQI process including the addition of training for staff related to the CQI program and annual goals, the incorporation of the Columbia Suicide Severity Rating Scales into our Electronic Health Record along with clinical

training on the CSSRS and Safety Planning to ensure assessment and Crisis Care Plans are occurring at key points in client care, Re-training of staff involved in scheduling and development of a client survey and engagement program to assist with reducing missed appointments. Additionally, risk stratification continues to be utilized to identify other areas the Committee can target to continue to achieve successful change.

Agenda Item: Annual Corporate Compliance Report and 1 st Quarter Corporate Compliance Training Committee: Program	Board Meeting Date September 24, 2020
Background Information: The Corporate Compliance Officer is required by Board Policy to submit quarterly reports on Corporate Compliance activities to the Board of Trustees as well as an Annual Report at the end of each fiscal year. The Annual Corporate Compliance Report for FY 2020 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.	
Supporting Documentation: FY 2020 Annual Corporate Compliance Report FY 2021 1 st Quarter Corporate Compliance Training	
Recommended Action: For Information Only	

Corporate Compliance Program FY20 Annual Report

General Overview:

The Board Policy on Corporate Compliance requires that the Chief Compliance Officer present an annual report on program activities and investigations from the previous year.

Annual Report:

The Compliance Department is responsible for taking appropriate steps to design, implement, or modify Tri-County Behavioral Healthcare's Compliance program to decrease the risk of any misconduct by Tri-County Behavioral Healthcare (TCBHC) employees or contractors.

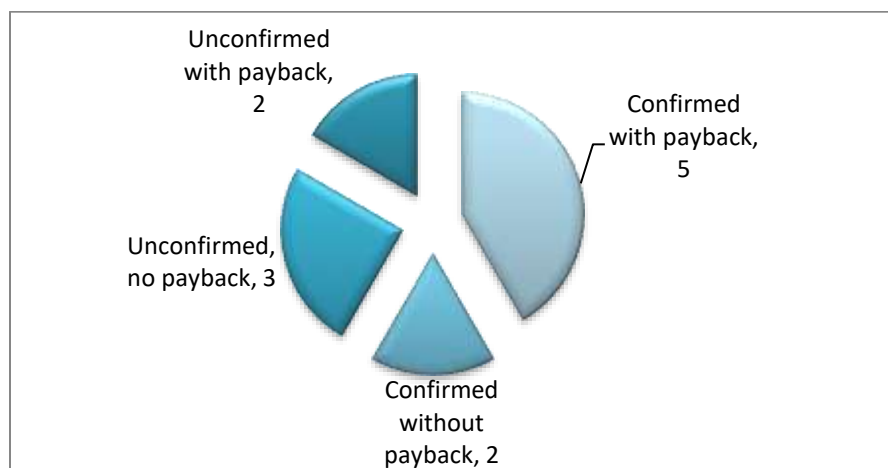
This past year the Compliance Department, along with the Corporate Compliance Committee, completely revised the Corporate Compliance Action Plan (CCAP) to include additional elements (as recommended by the Department of Justice) for an effective compliance program. The Compliance Department continues to ensure TCBHC adheres to the CCAP to prevent, detect, and respond to compliance violations as well as foster a culture that promotes integrity and ethical behavior.

The Compliance Department requires that all new hires complete a compliance-related computer-based training module, followed by face-to-face compliance training and a compliance "refresher" training after ninety days of employment. In addition to new hires, all employees and contractors receive quarterly compliance training in newsletter form as well as computer-based training on an annual basis.

The Compliance Department also receives, investigates, monitors, and provides resolution to all allegations of compliance-related misconduct. The Compliance Department is also responsible for reporting the outcome of any such allegations to the Corporate Compliance Committee, Executive Director, and TCBHC's Board of Directors in order to address compliance issues quickly and with as much transparency as possible.

FY20 Corporate Compliance Investigations:

In FY 20, fourteen (14) corporate compliance allegations were reviewed. Of the fourteen (14) allegations, twelve (12) required further investigation by the Chief Compliance Officer.



THE PURPOSE OF COMPLIANCE PROGRAMS

A FOUR PART SERIES

In this Issue:

Part 1 of The Purpose of Compliance Programs

Effective Programs

The Three Purposes of a Compliance Program
Building a Successful Compliance Program



Part 1: The Purpose of Compliance Programs

Effective programs ensure that healthcare organizations:

- Meet high ethical and professional standards.
- Prevent fraud/abuse and other compliance issues.
- Detect compliance issues.
- Assure prompt corrective action.

The Three Purposes of a Compliance Program:

Prevention, Detection and Correction

1. Prevention
 - Written Policies and a Code of Conduct
 - On-Going Compliance Training and Education
2. Detection
 - Reporting Hotline
 - On-Going Monitoring and Auditing
 - Investigations
3. Corrective Action
 - Payback
 - Disciplinary Action

Building Successful Compliance Programs:

To ensure compliance programs are effective, it is critical to:

- Develop a culture of accountability
- Require that concerns be reported
- Active monitoring and internal auditing

Your Corporate Compliance Team

Amy Foerster
Chief Compliance Officer
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Administrator of Compliance
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Michelle Walker
Administrator of Compliance
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Report Compliance Concerns

Corporate Hotline: 866-243-9252



- ◆ Reports are kept confidential and may be made anonymously
- ◆ Without fear of reprisal or penalties
- ◆ Report to your supervisor, HR, or any Compliance team member if you suspect any non-compliance

<p>Agenda Item: Update on the FY 2020-2021 Local Provider Network Development (LPND) Plan Review by the Regional Planning and Network Advisory Committee (RPNAC)</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>As you will recall, the FY 2020-2021 Draft LPND Plan was reviewed at the last Board meeting and was pending final review and comment by the RPNAC which was scheduled to meet on August 19, 2020.</p> <p>During the RPNAC meeting, participating Centers discussed their efforts to identify interested providers, seek feedback and comment on their respective LPND Plans, as well as ways that Centers continue to seek to gain administrative efficiencies. Tri-County received no public comment during the public comment period and the RPNAC had no additional recommendations outside of the comments that outlined the discussion mentioned below:</p> <ul style="list-style-type: none"> • Each Center reported postings on their various public internet venues of the opportunity to provide comprehensive services as part of the service network. Centers have regular stakeholder meetings throughout the year to continue to connect with potential providers. • No ETBHN Centers received notice of individuals or organizations interested in providing comprehensive services. • Administrative efficiencies gained by each Center include services received through ETBHN and Texas Council of Community Centers, as well as through partnerships with other Centers within the ETBHN Network. <p>With no additional public comment or interested providers, Tri-County will update the plan with the comments provided by the RPNAC and will plan to file the report with the State.</p>	
<p>Supporting Documentation:</p> <p>RPNAC 2020 LPND Review Summary Report Provided by ETBHN</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

REGIONAL PLANNING AND NETWORK ADVISORY COMMITTEE

2020 PROVIDER NETWORK DEVELOPMENT PLAN

LOCAL AUTHORITY: TRI-COUNTY BEHAVIORAL HEALTHCARE

The Regional Planning and Network Advisory Committee (RPNAC) reports to each participating East Texas Behavioral Health Network (ETBHN) Members' Board / Governing Body regarding planning, development, design, management and evaluation of the local provider network, including but not limited to:

- Client care issues in Network Development;
- Client choice issues in Network Development;
- Ultimate cost-benefit issues in Network Development; and
- Best use of public money in Network Development.

The RPNAC is comprised of Members representing each of the ten participating Centers of ETBHN, appointed by the Local Authority Board / Governing Body of each respective Member Center.

Every two years, the Community Center's Local Plan is developed as required by the Performance Contract with Texas Health and Human Services. Each Center engages in procurement of providers of comprehensive behavioral health services in their service area in an effort to afford client choice. The Plans are posted for public comment and input, and approval by the RPNAC is required.

On August 19, 2020, the RPNAC Center Representatives presented their 2020 Provider Network Development Plan to the RPNAC for review. Center Liaisons and ETBHN staff compiled this information and the RPNAC completed its evaluation.

RECOMMENDATIONS:

There were no recommendations that applied to any individual Center; however, there were comments and discussion by and for each Community Center.

The comments were as follows:

- Each Center reported postings on their various public internet venues of the opportunity to provide comprehensive services as part of the service network. Centers have regular stakeholder meetings throughout the year to continue to connect with potential providers.
- No ETBHN Centers received notice of individuals or organizations interested in providing comprehensive services.
- Administrative efficiencies gained by each Center include services received through ETBHN and Texas Council of Community Services, as well as through partnerships with other Centers within the ETBHN Network.

Submitted by Terrie Mayfield, ETBHN Director

Agenda Item: Annual Election of FY 2021 Board Officers Committee: Executive	Board Meeting Date September 24, 2020
Background Information: The By-laws for the Tri-County Board of Trustees require Board officers to be elected each fiscal year. Morris Johnson, Chair of the Nominating Committee, will present the slate of officers for election. Members of the Nominating Committee also include Jacob Paschal and Tracy Sorensen.	
Supporting Documentation: None	
Recommended Action: Elect Officers for FY 2021 Board of Trustees	

Agenda Item: Executive Director's Annual Evaluation, Compensation and Contract for FY 2021 Committee: Executive	Board Meeting Date September 24, 2020
Background Information: Annually, the Board of Trustees reviews the Executive Director's performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2020 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Gail Page, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Sharon Walker, Richard Duren and Janet Qureshi.	
Supporting Documentation: None	
Recommended Action: Review Executive Director's Evaluation, Compensation and Contract Extension and Take Appropriate Action	

<p>Agenda Item: Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>The election process to fill the positions of the Board of Trustees in Places 4, 5 and 6 will be completed during the Texas Council Risk Management Fund Board Meeting on November 20th. Election ballots are due by Friday, October 30th.</p> <p>Only one (1) candidate can be selected for each of the three (3) places:</p> <ul style="list-style-type: none"> • Judge Van L. York (Incumbent) • Mr. John Jackson (Incumbent) • Mr. Gus Harris (Incumbent) 	
<p>Supporting Documentation:</p> <p>Memorandum from the Texas Council Risk Management Fund Nominating Committee</p> <p>Election Ballot</p>	
<p>Recommended Action:</p> <p>Cast Election Ballot for the Texas Council Risk Management Fund Board of Trustees to Fill Places 4, 5 and 6</p>	



August 10, 2020

MEMORANDUM

To: Executive Directors
Member Centers, Texas Council Risk Management Fund

From: Nominating Committee

Subject: **Board of Trustees Election Ballot
Places 4, 5, and 6**

The election process for Places 4, 5, and 6 will be completed at the November 20, 2020 Annual Member Meeting of the Texas Council Risk Management Fund. Attached is the ballot indicating the eligible candidates for this election.

There are three expiring terms and the Nominating Committee has prepared a ballot based on incumbent Board members. The nominees are as follows: Judge Van L. York (Place 4), Mr. John Jackson (Place 5), and Mr. Gus Harris (Place 6).

Please return the election ballot by email, mail or fax so that it is received in the Fund's office **no later than Friday, October 30, 2020**. You may also vote in person (or virtually, if the meeting not held in person) at the Annual Member Meeting on November 20, 2020.

If you have any questions, please contact Greg Womack (512) 963-8192. You may also dial toll free (800) 580-6467 x12309 or email: greg.womack@sedgwick.com

cc: TCRMF Board of Trustees
Advisory Committee
Pam Beach



**TEXAS COUNCIL RISK MANAGEMENT FUND
BOARD OF TRUSTEES ELECTION BALLOT**

At the November 20, 2020 Annual Member Meeting of the Texas Council Risk Management Fund, elections will be held to fill the positions of Trustees in Places 4, 5, and 6 which are expiring. Each center may cast its ballot by email, mail or fax. Votes may also be cast in person (or virtually, if the meeting not held in person) at the Annual Member Meeting to be held on November 20, 2020.

Please vote for one candidate for each of the three places.

Place 4	[]	Judge Van L. York
Place 5	[]	Mr. John Jackson
Place 6	[]	Mr. Gus Harris

I certify that the above represents the Board of Trustees Election Ballot of the below named Texas Council Risk Management Fund member and that I am duly authorized to execute and deliver this ballot on behalf of the Center.

Name of Community Center

Signature of Authorized Representative

Date

**PLEASE COMPLETE AND EMAIL, MAIL OR FAX THIS BALLOT
NO LATER THAN October 30, 2020 TO:**

TEXAS COUNCIL RISK MANAGEMENT FUND
P.O. Box 26655, Austin, Texas 78755-0655
Fax Number (614) 956-2636 **Attention: Kathy Hulse**
Email: kathy.hulse@sedgwick.com

Agenda Item: Appoint Texas Council Representative and Alternate for FY 2021 Committee: Executive	Board Meeting Date September 24, 2020
Background Information: The representative attends the Texas Council of Community Centers Inc., Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.	
Supporting Documentation: None	
Recommended Action: Appoint Texas Council Representative and Alternate for FY 2021	

Agenda Item: Reappoint Tri-County's Consumer Foundation Board of Directors Committee: Executive	Board Meeting Date September 24, 2020
Background Information: <p>According to the bylaws for Tri-County's Consumer Foundation (TCCF), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted. All have agreed to continue serving on Tri-County's Consumer Foundation Board for an additional two-year term which will expire on August 31, 2023.</p> <ul style="list-style-type: none"> • Lynn Scott • Madeline Brogan • Roger Puccio-Johnson • Kris Karain • Raymond Sanders 	
Supporting Documentation: None	
Recommended Action: Reappoint Lynn Scott, Madeline Brogan, Roger Puccio-Johnson, Kris Karain, and Raymond Sanders to Tri-County's Consumer Foundation Board of Directors for an Additional Two-Year Term Expiring on August 31, 2023	

Agenda Item: Personnel Report for July and August 2020 Committee: Executive	Board Meeting Date: September 24, 2020
Background Information: None	
Supporting Documentation: Personnel Report for July and August 2020	
Recommended Action: For Information Only	

Personnel Report July 2020

Total Applications received in July = 213

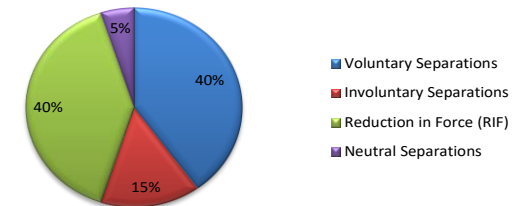
Total New Hires for the month of July = 7

Total New Hires Year to Date = 114

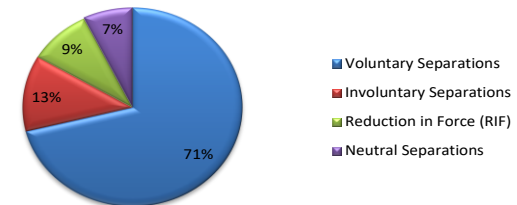
July Turnover - FY20 compared to FY19	FY20	FY19
Number of Active Employees	366	349
Number of Monthly Separations	20	10
Number of Separations YTD	97	105
Year to Date Turnover Rate	27%	30%
July Turnover Rate	5%	3%

Separations by Reason	July Separations	FY20 YTD
Better Pay	2	11
Commute	0	5
Death	0	0
Dissatisfaction with Supervisor/Job	0	3
Family	1	10
Another job	1	13
Lack of Opportunity for Advancement	0	1
Relocating	1	7
Retirement	1	4
Return to School	1	4
Schedule	1	2
Uncomfortable with Job Duties	0	3
Health	0	4
RIF	8	9
Neutral Termination	1	9
Involuntarily Terminated	3	12
Total Separations	20	97

July Voluntary, Involuntary, RIF and Neutral Separations



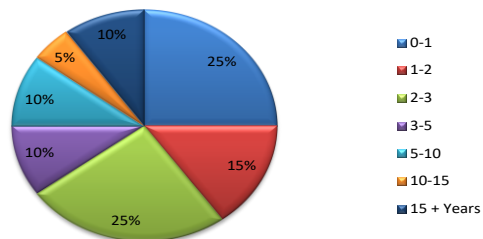
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



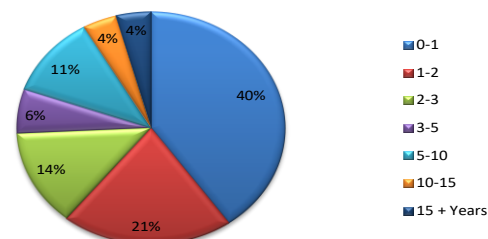
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% July	% Year to Date
Evan Roberson	23	0	0	0%	0%
Millie McDuffey	34	0	10	0%	29%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	2	0%	20%
Sara Bradfield	89	3	25	3%	28%
Melissa Zemencsik	76	5	24	7%	32%
Catherine Prestigiovanni	14	0	5	0%	36%
PETC	51	1	9	2%	18%
Kelly Shropshire	35	3	6	9%	17%
Kathy Foster	21	8	14	38%	67%
Kenneth Barfield	8	0	1	0%	13%
Total	366	20	97		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% July	% Year to Date
Supervisors & Managers	25	0	2	0%	8%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	48	0	9	0%	19%
Professionals (QMHP)	115	8	39	7%	34%
Professionals (QIDP)	28	3	6	11%	21%
Licensed Staff (LCDC, LPC...)	24	1	3	4%	13%
Business Services (Accounting)	11	0	3	0%	27%
Central Administration (HR, IT, Executive Director)	18	0	5	0%	28%
Program Support(Financial Counselors, QA, Training, Med. Records)	56	0	13	0%	23%
Nurse Technicians/Aides	17	0	3	0%	18%
Service/Maintenance	8	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	16	8	14	50%	88%
Total	366	20	97		

July Separations by Tenure



Year to Date Separations by Tenure



Personnel Report August 2020

Total Applications received in August = 152

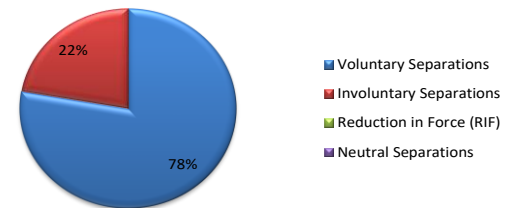
Total New Hires for the month of August = 12

Total New Hires Year to Date = 126

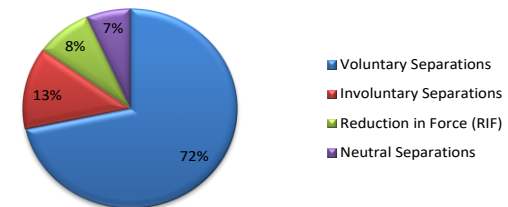
August Turnover - FY20 compared to FY19	FY20	FY19
Number of Active Employees	368	353
Number of Monthly Separations	9	10
Number of Separations YTD	106	115
Year to Date Turnover Rate	29%	33%
August Turnover Rate	2%	3%

Separations by Reason	August Separations	FY20 YTD
Better Pay	4	15
Commute	0	5
Death	0	0
Dissatisfaction with Supervisor/Job	0	3
Family	1	11
Another job	1	14
Lack of Opportunity for Advancement	0	1
Relocating	0	7
Retirement	0	4
Return to School	1	5
Schedule	0	2
Uncomfortable with Job Duties	0	3
Health	0	4
RIF	0	9
Neutral Termination	0	9
Involuntarily Terminated	2	14
Total Separations	9	106

August Voluntary, Involuntary, RIF and Neutral Separations



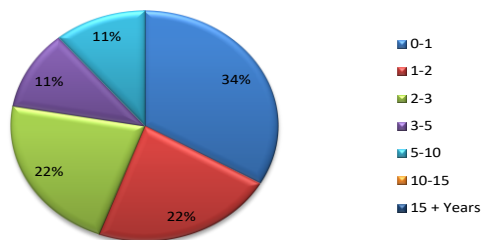
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



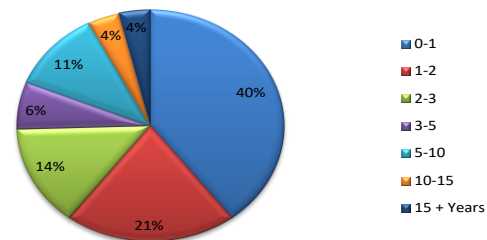
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% August	% Year to Date
Evan Roberson	22	1	1	5%	5%
Millie McDuffey	34	1	11	3%	32%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	9	1	3	11%	33%
Sara Bradfield	92	0	25	0%	27%
Melissa Zemencsik	79	0	24	0%	30%
Catherine Prestigiovanni	14	1	6	7%	43%
PETC	47	4	13	9%	28%
Kelly Shropshire	38	0	6	0%	16%
Kathy Foster	20	1	15	5%	75%
Kenneth Barfield	8	0	1	0%	13%
Total	368	9	106		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% August	% Year to Date
Supervisors & Managers	26	0	2	0%	8%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	47	1	10	2%	21%
Professionals (QMHP)	119	0	39	0%	33%
Professionals (QIDP)	31	0	6	0%	19%
Licensed Staff (LCDC, LPC...)	24	1	4	4%	17%
Business Services (Accounting)	12	0	3	0%	25%
Central Administration (HR, IT, Executive Director)	18	0	5	0%	28%
Program Support(Financial Counselors, QA, Training, Med. Records)	54	4	17	7%	31%
Nurse Technicians/Aides	14	2	5	14%	36%
Service/Maintenance	8	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	15	1	15	7%	100%
Total	368	9	106		

August Separations by Tenure

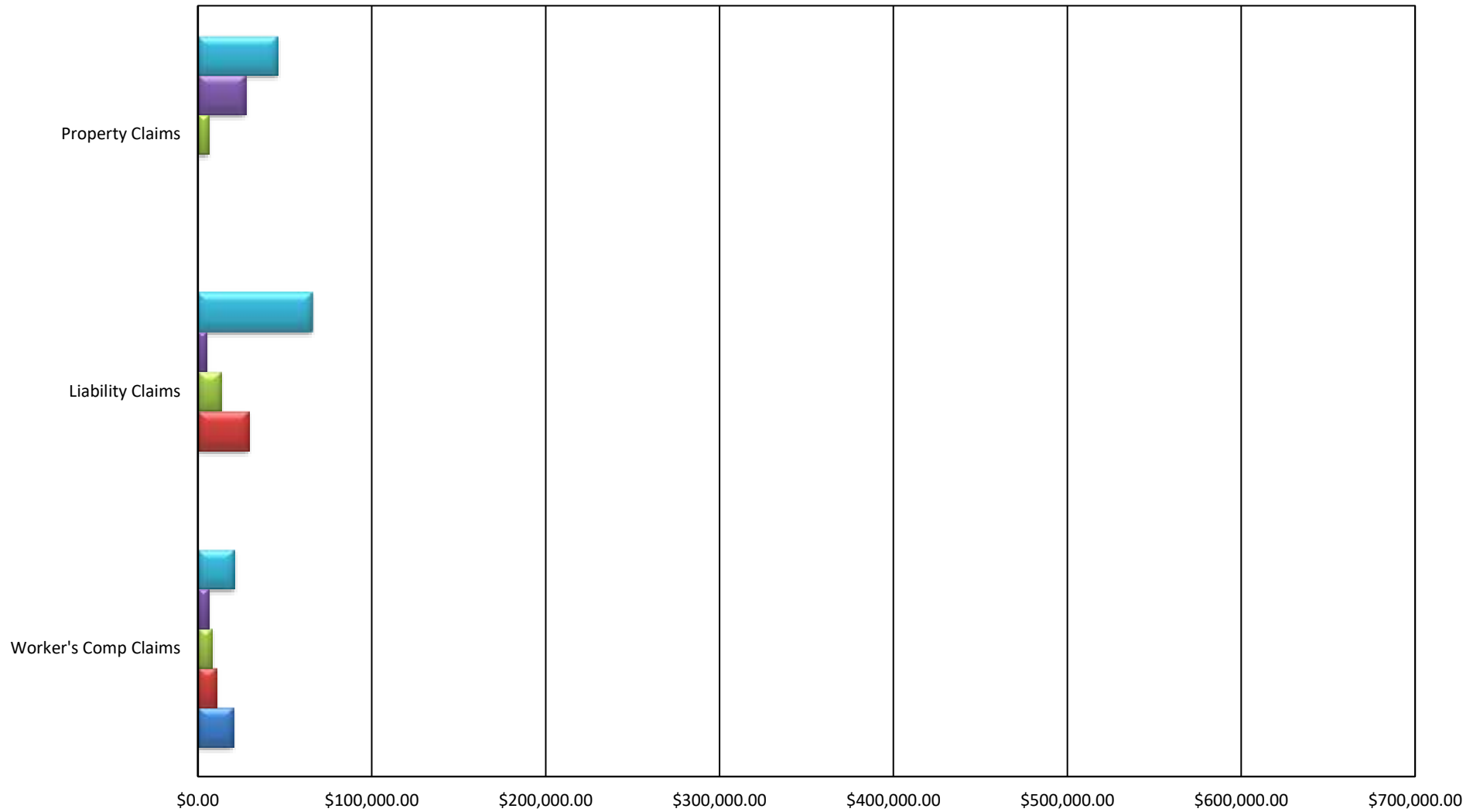


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of August 2020 Committee: Executive	Board Meeting Date: September 24, 2020
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of August 2020	
Recommended Action: For Information Only	

TCRMF Claims Summary Through August 2020



	Worker's Comp Claims	Liability Claims	Property Claims
2016	\$21,176.00	\$65,795.00	\$46,114.00
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,638.00	\$29,330.00	\$0.00
2020	\$20,359.00	\$0.00	\$0.00

Agenda Item: Board of Trustees Reappointments and Oaths of Office Committee: Executive	Board Meeting Date September 24, 2020
Background Information: Listed below are the Board members who were reappointed by the Commissioner's Court of their respective counties for an additional two-year term expiring August 31, 2022. Reappointments: <ul style="list-style-type: none"> • Patti Atkins, Liberty County • Janet Qureshi, Montgomery County • Richard Duren, Montgomery County • Jacob Paschal, Walker County Oaths of Office will be recited at the Board meeting.	
Supporting Documentation: Oath of Office Recitation Montgomery County Trustees – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated July 14, 2020. Liberty County Trustees – Copy of Minutes from Liberty County Commissioner's Court Meeting dated July 14, 2020. Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated July 15, 2020.	
Recommended Action: Recite Oaths of Office	

#2 9A

JUL 28 2020

COMMISSIONERS COURT DOCKET

JULY 14, 2020

REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 14th day of July, 2020, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack-remotely
Commissioner, Precinct 4	James Metts
Also County Clerk's Office	Amber Twiddy

ABSENT:

Commissioner, Precinct 1	Mike Meador
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INVOCATION GIVEN BY Judge Keough

THE PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA
RECITED.

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

Motion by Commissioner Metts, seconded by Commissioner Riley, to approve Commissioners Court Agenda for discussion and necessary action. Motion carried.

CITIZENS – AGENDA ITEM 7

No citizens addressed court at this time.

2. MINUTES APPROVED – COUNTY CLERK

Request of Spring Creek Greenway NC to accept the resignation of Kendall Kruchten, Mosquito Driver, effective July 10, 2020.[No benefits due]

Request of Veterans Service to place Amber M. King, Clerk III, on payroll as replacement for Celelia Miller, effective July 6, 2020.

COUNTY JUDGE – AGENDA ITEMS 9H1-5

- H1. REQUEST APPROVED to accept Montgomery Central Appraisal District (MCAD) Annual Financial Report for Fiscal Year ending December 31, 2019.
- H2. BUDGET APPROVED for Montgomery County Emergency Communication Districts FY 21 budget. Judge Keough is authorized to sign Resolution approving the budget per Texas Health and Safety Code, Section 772.309.
- ✓ H3. REAPPOINTMENT APPROVED of Janet Qureshi and Dr. Richard Duren, to the Tri-County Behavioral Healthcare Board of Trustees, for a two (2) year term that ends August 31, 2022.
- H4. FINANCIAL AUDIT REPORT ACCEPTED as submitted by ESD #10 and ESD #7 for year ending December 2019.
- H5. FINANCIAL AUDIT REPORT ACCEPTED as submitted by ESD #14 and ESD #9 for year ending September 2019.

EMERGENCY MANAGEMENT – AGENDA ITEMS 9I1-2

- I1. ADDENDUM APPROVED to the Montgomery County Multi-Jurisdictional Hazard Mitigation Plan.
- I2. DESIGNATION APPROVED of authorized emergency vehicles, pursuant to Texas Transportation Code, 541.201 (E).

MEMORIAL LIBRARY – AGENDA ITEM 9J1

- J1. USE AGREEMENT APPROVED by and between Montgomery County, Texas and Gulf Coast Regional Blood Center for blood drive.

COUNTY ATTORNEY – AGENDA ITEMS 9K1-5

- K1. AGENDA ITEM 9K1 WAS MOVED TO THE OPEN SESSION. SEE MOTION #4 FOR COURT ACTION.
- K2. PRECINCT 1



COMMISSIONERS COURT of LIBERTY COUNTY, TEXAS
MINUTES OF REGULAR MEETING JULY 14, 2020

On Tuesday, July 14, 2020 at 9:00 a.m., a Regular Meeting of Commissioners Court was called to order with the following members present:

Jay Knight	County Judge
Bruce Karbowski	Commissioner Precinct#1
Greg Arthur	Commissioner Precinct#2
James Reaves	Commissioner Precinct#3 via Zoom
Leon Wilson	Commissioner Precinct#4 via Zoom
Lee H. Chambers	County Clerk

1. CALL TO ORDER
2. PLEDGE TO U.S. FLAG AND TEXAS FLAG led by LEE CHAMBERS
3. INVOCATION LED BY JAY KNIGHT

PUBLIC FORUM: THE COURT RECOGNIZED LIBERTY COUNTY HISTORICAL COMMISSION & LINDA JAMISON FOR RECEIVING THE DISTINGUISHED SERVICE AWARD FOR THE 8TH YEAR FROM THE TEXAS HISTORICAL COMMISSION. JUDGE KNIGHT THANKED LINDA AND THE HISTORICAL COMMISSION FOR ALL THEIR WORK IN PRESERVING LIBERTY COUNTY HISTORY, PAST PRESENT AND FUTURE.

PUBLIC FORUM: JENNIFER BERGMAN, LOCAL ATTORNEY SPOKE REGARDING CURRENT DISTRICT ATTORNEY'S BUDGET.

PUBLIC FORUM: LOGAN PICKETT: GAVE A FULL EXPLANATION OF HIS BUDGET AND EXPENDITURES AND HOW THEY WORK WITH LAW ENFORCEMENT AGENCIES TO PROVIDE NEEDS FOR TRAINING, SUPPLIES AND EQUIPMENT IF REQUESTED OR AS THE NEED ARISES. TEXAS RANGER BRANDON BESS AND OTHER RANGERS AND DPS OFFICERS ATTENDED TO GIVE EXPLANATIONS OF THE EQUIPMENT BEING PURCHASED WITH ITEM #4.7 EXPENSES AND HOW THEY SERVE THE COUNTY IS ASSISTING WITH THE LOCAL AUTHORITY IN ANY MATTERS NEEDED.

4. **CONSENT AGENDA:**

1. **APPROVAL OF MINUTES:**

PUBLIC MEETING 6/23/2020 // COMMISSIONERS COURT 6/23/2020 // SPECIAL MEETING 06/29/2020

2. **WARRANTS PAYABLE**

3. **BUDGET AMENDMENTS**

JP 6: LINE ITEM TRANSFER FROM CELL PHONE ALLOW TO OFFICE EXP
CONSTABLE PCT 5: LINE ITEM TRANSFER FROM FUEL TO OFFICE EXP & AUTO REPAIR
R&B #1: LINE ITEM TRANSFER FROM CAP OUTLAY TO CAP OUTLAY
JP 5: LINE ITEM TRANSFER FROM EDUCATION & TRAINING TO OFFICE EXPENSE
JP 3: LINE ITEM TRANSFER FROM PHONE ALLOWANCE TO OFFICE EXPENSE
FIRE MARSHAL: FROM CAP OUTLAY TO CAP OUTLAY FOR PPE
R&B #3: LINE ITEM TRANSFER FROM CULVERT EXP TO UNIFORMS
R&B #3: COASTAL WATER DAMAGE: OTHER INCOME / ROAD MATERIAL

4. **MONTHLY REPORTS**

- a) AUDITOR - JUNE 2020
- b) COUNTY CLERK - JUNE 2020
- c) ENGINEERING - MAY 2020
- d) JP #1 - JUNE 2020
- e) JP #2 - JUNE 2020
- f) JP #3 - JUNE 2020
- g) JP #4 - MAY 2020
- h) JP #5 - JUNE 2020
- i) JP #6 - JUNE 2020
- j) CONSTABLE PCT 3 - JUNE 2020

5. **PAYROLL CHANGES**

- a) LCSO: PAY DUSTIN PIASSOLI UNUSED VACATION & COMP TIME \$8,423.42

6. **OATH & DEPUTATION**

CONSTABLE PCT 1 - APPROVE OATH & DEPUTATION OF JAVIER ZAVALA

7. **DISTRICT ATTORNEY:** APPROVE PURCHASES FOR EQUIPMENT FOR DPS FROM LENCO IN THE AMOUNT OF \$1,778 AND GENASYS IN THE AMOUNT OF \$26,482.34

8. **VETERANS SERVICES:** APPROVE SOFTWARE PACKAGE TO ASSIST WORK-FROM-HOME / COST OF \$900 TO BE PAID FROM EDUCATION & TRAINING FOR 2 USERS

Motion was made by Leon Wilson, seconded by Greg Arthur to approve Consent Agenda with the addition of adding the minutes from the Public meeting from 6/23/2020. Motion passed with all Commissioners present voting aye. Copy attached marked Exhibit -A-

5. CONSIDER AND APPROVE ADVERTISING AND SOLICITING REQUESTS FOR PROPOSALS FOR SELF-FUNDED MEDICAL, PRESCRIPTION & DENTAL ADMINISTRATION, FULLY INSURED VISION & ANCILLARY INSURANCE FOR EMPLOYEES AND FULLY INSURED MEDICAL FOR RETIREES - PURCHASING AGENT HAROLD SEAY

Motion was made by Bruce Karbowski, seconded by Greg Arthur to approve advertising and soliciting request for proposals for self-funded medical, prescription & dental administration, fully insured vision & ancillary insurance for employees and fully insured medical for retirees. Motion passed with all Commissioners present voting aye. No documentation.

6. CONSIDER AND APPROVE SOLICITING BIDS FOR ASPHALT OVERLAY OF CR 300, CR 301S, CR 615 AND CR685 FOR R&B #3 - COMMISSIONER PCT 3 JAMES REAVES

Motion was made by Leon Wilson to approve soliciting bids for asphalt overlay for CR 300, CR 301S, CR 615, CR 685 and CR 624 for R&B #3. Motion passed with all Commissioners present voting aye. No documentation.

7. CONSIDER AND APPROVE WARRANTY FOR RAPISCAN X-RAY MACHINES AT THE COURTHOUSE - PURCHASING AGENT HAROLD SEAY

Motion was made by Bruce Karbowski, seconded by Leon Wilson to NOT approve warranty for Rapiscan X-Ray Machines for the courthouse. Commissioners feel the yearly expense for warranty does not justify the need. At a cost of almost \$9000 a year, the County could purchase and new machine in 2 years instead of continuing to pay for such an expensive warranty. Motion passed with all Commissioners present voting aye. No documentation

8. CONSIDER AND APPROVE THE RE-APPOINTMENT OF PATTI ATKINS TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TERM OF TWO (2) YEARS. MRS. ATKINS IS A STRONG AND VOCAL ADVOCATE FOR THE INDIVIDUAL AND FAMILIES SERVED BY TRI-COUNTY - COUNTY JUDGE JAY KNIGHT

Motion was made by Greg Arthur, seconded by Bruce Karbowski to approve the re-appointment of Patti Atkins to the Tri-County Behavioral Healthcare Board of Trustees for a term of two (2) years. Judge Knight commented that Mrs. Atkins has done a remarkable job in the position and serves Tri County and Liberty County remarkably in this position. Motion passed with all Commissioners present voting aye. Copy attached marked Exhibit -B-

9. CONSIDER AND APPROVE AWARDING ENGINEERING SERVICES AGREEMENT TO LJA ENGINEERING - DAVID DOUGLAS

Motion was made by Greg Arthur, seconded by Bruce Karbowski to approve the Engineering Services Agreement being awarded to LJA Engineering. Motion passed with all Commissioners present voting aye. Copy attached marked Exhibit -C-

10. CONSIDER AND APPROVE ORDER ADOPTING PUBLIC NUISANCE ABATEMENT REGULATIONS FOR UNINCORPORATED AREAS OF LIBERTY COUNTY PURSUANT TO CHAPTER 343 OF THE TEXAS HEALTH AND SAFETY CODE - COUNTY ATTORNEY MATTHEW POSTON

Motion was made by Bruce Karbowski, seconded by James Reaves to approve the adoption of the Public Nuisance Abatement Regulation for the unincorporated areas of Liberty County pursuant to Chapter 343 of the Texas Health and Safety Code. The guidelines are set in the attachment to ensure all health and safety codes are followed. Motion passed with all Commissioners present voting aye. Copy attached marked Exhibit -D-

11. CONSIDER AND APPROVE CONSIDER AND APPROVE INCREASE IN COSTS IN THE AMOUNT OF \$128 TO FEES CHARGED BY FORENSIC MEDICAL OF TEXAS FOR AUTOPSIES REQUESTED BY LIBERTY COUNTY JUSTICES OF THE PEACE FOR INCREASED COSTS ASSOCIATED WITH COVID-19 TESTING DECEDENTS - COUNTY ATTORNEY MATTHEW POSTON

Motion was made by Greg Arthur, seconded by Bruce Karbowski to approve the increase in costs in the amount of \$128 to fees charged by Forensic Medical of Texas for autopsies requested by Liberty County Justices of the Peace for increased costs associated with COVID-19 testing decedents. Motion passed with all Commissioners present voting aye. Copy attached marked Exhibit -E-

12. CONSIDER AND APPROVE ANNUAL COPSYNK /KOLOGIK RENEWAL FOR 2020 - 2021, TO BE PAID FROM JP TECHNOLOGY FUND - CONSTABLE PCT 2



WALKER COUNTY COMMISSIONERS COURT

Storm Shelter – 455 SH 75 N
Huntsville, Texas 77320
936-436-4910



DANNY PIERCE
County Judge

DANNY KUYKENDALL
Commissioner, Precinct 1

RONNIE WHITE
Commissioner, Precinct 2

AGENDA
SPECIAL SESSION
MONDAY, JULY 6, 2020

9:00 A.M.
WALKER COUNTY STORM SHELTER

BILL DAUGETTE
Commissioner, Precinct 3

JIMMY D. HENRY
Commissioner, Precinct 4

CALL TO ORDER

- Announcement by the County Judge whether a quorum is present.
- Certification that public Notice of Meeting was given in accordance with the provisions of Section 551.001 et. Seq. of the Texas Government Code.

GENERAL ITEMS

- Prayer – Pastor James Necker
- Pledge of Allegiance
- Texas Pledge – “Honor the Texas Flag, I pledge allegiance to thee, Texas, one state under God, one and indivisible”
- Citizen Input

CONSENT AGENDA

1. Receive financial Information as of June 29, 2020, for the fiscal year ending September 30, 2020.

DEPARTMENT REPORTS

2. Receive Justice of the Peace Precinct 1 Report for May 2020.
3. Receive Justice of the Peace Precinct 2 Report for May 2020.
4. Receive Justice of the Peace Precinct 3 Report for May 2020.
5. Receive Justice of the Peace Precinct 4 Report for May 2020.

STATUTORY AGENDA

Tax Assessor-Collector

6. Discuss and take action on the Joint Election Agreement for November 3, 2020 General Election including Attachment A – Countywide Poll Locations. – Diana McRae

Purchasing

7. Discuss and take action on non- renewal C2360-19-005 Road Materials, Street Brothers Ready Mix. – Mike Williford

Auditor

8. Discuss and take action on approving claims and invoices for payment. – Patricia Allen

Commissioners Court

9. Discuss law enforcement. – Commissioner White
10. Discuss and take action on approval of construction of a 100' x 30' covered equipment barn at the Precinct 3 complex in an amount not to exceed \$15,000 to be paid from Precinct 3 budget. – Commissioner Daugette
11. Discuss and take action of purchase of building materials for an equipment barn from Mueller Incorporated in an amount not to exceed \$9,000. – Commissioner Daugette
12. Discuss and take action on Tri-County Behavioral Healthcare Board of Trustees appointment. – Judge Pierce
13. Discuss and take action on Intergovernmental Agreement between HGAC and Walker County for tire collection grant. – Judge Pierce
14. Receive update regarding Walker County Weigh Station. – Judge Pierce
15. Discuss and take action on Walker County Maintenance Director position. – Judge Pierce

EXECUTIVE SESSION

If during the course of the meeting covered by this notice, Commissioners Court shall determine that a closed meeting of the Court is required, then such closed meeting as authorized by Texas Government Code 551, sub-chapter D, will be held by the Commissioners Court at the date, hour, and place in this notice or as soon after the commencement of the meeting covered by this notice as the Commissioners Court may conveniently meet in such closed meeting concerning any and all subjects and for any and all purposes permitted by Chapter 551, sub-chapter D, inclusive of said Texas Government Code, including but not limited to:

- Section 551.071** For the purpose of private consultation between the Commissioners Court and its attorney when the attorney's advice with respect to pending or contemplated litigation settlement offers, and matters where the duty of the Commissioners Court counsel to his client pursuant to the Code of Professional Responsibility of the State Bar of Texas clearly conflicts with the Open Meetings Act.
- Section 551.072** For the purpose of discussion with respect to the purchase, exchange, lease, or value of real property, if deliberation in an open meeting would have a detrimental effect on the position of the Commissioners Court in negotiations with a third person
- Section 551.073** For the purpose of deliberation regarding prospective gifts or to deliberate a negotiated contract for prospective gift or donation to the Commissioners Court or Walker County, if deliberation in an open



WALKER COUNTY

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Commissioner Daugette also spoke regarding the protests in Walker County and his support for Law Enforcement. He spoke regarding signs that have been held up at our Courthouse like "End Police Brutality". Here in Walker County our folks are as good as it gets. If we had any of that behavior it would be addressed quickly.
Judge Pierce also stated he appreciates all Law Enforcement.
Commissioner Kuykendall also spoke regarding supporting Law Enforcement and the ones who want to defend are those who do not want Law and order.
Clint McRae - thanked the Court for their support.

STATUTORY AGENDA

Tax Assessor-Collector

6. Discuss and take action on the Joint Election Agreement for November 3, 2020 General Election including Attachment A - Countywide Poll Locations.
Diana McRae presented the information. The deadline to call the November Meeting is August 17, 2020. There will be eleven (11) pole places. She also gave the times that the voting will be open.

MOTION: Made by Commissioner Daugette to APPROVE the Joint Election Agreement for November 3, 2020 General Election including Attachment A - Countywide Poll Locations.

SECOND: Made by Commissioner Henry

VOTE: Motion carried unanimously.

Purchasing

7. Discuss and take action on non-renewal C2360-19-005 Road Materials. Street Brothers Ready Mix. Judge Pierce presented due to Mike Willford not being present.

MOTION: Made by Commissioner Henry to APPROVE the non-renewal C2360-19-005 Road Materials, Street Brothers Ready Mix.

SECOND: Made by Commissioner Daugette

VOTE: Motion carried unanimously.

Auditor

8. Discuss and take action on approving claims and invoices for payment.
Patricia Allen presented information: \$ 350,095.90 / \$ 1,063,930.84 submitted.

MOTION: Made by Commissioner Henry to APPROVE claims and invoices.

SECOND: Made by Commissioner Kuykendall

VOTE: Motion carried unanimously.

Commissioners Court

10. Discuss and take action on approval of construction of a 100' x 30' covered equipment barn at the Precinct 3 complex in an amount not to exceed \$15,000 to be paid from Precinct 3 budget. Commissioner Daugette presented information. There was discussion among the Court.

MOTION: Made by Commissioner Daugette to APPROVE the construction of a 100' x 30' covered equipment barn at the Precinct 3 complex in an amount not to exceed \$15,000 to be paid from Precinct 3 budgeted funds.

SECOND: Made by Commissioner White

VOTE: Motion carried unanimously.

11. Discuss and take action of purchase of building materials for an equipment barn from Mueller Incorporated in an amount not to exceed \$9,000.
Commissioner Daugette presented information.

MOTION: Made by Commissioner Daugette to APPROVE the purchase of building materials for an equipment barn from Mueller Incorporated in an amount not to exceed \$9,000, contingent upon the engineer plan being included.

SECOND: Made by Commissioner White

VOTE: Motion carried unanimously.

12. Discuss and take action on Tri-County Behavioral Healthcare Board of Trustees appointment. Judge Pierce presented information.

MOTION: Made by Commissioner White to APPROVE the Tri-County Behavioral Healthcare Board of Trustees appointment as presented in Court.

SECOND: Made by Commissioner Kuykendall

VOTE: Motion carried unanimously.

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COMMISSIONER-COMMISSIONERS COURT

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COMMISSIONER-COMMISSIONERS COURT

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ADMINISTERING THE OATH OF OFFICE

Please raise your right hand and repeat after me...

I, STATE YOUR NAME,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

ADMINISTERING THE OATH OF OFFICE

I, _____,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

Agenda Item: Board of Trustees Committee Appointments Committee: Executive	Board Meeting Date September 24, 2020
Background Information: Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.	
Supporting Documentation: None	
Recommended Action: For Information Only	

Agenda Item: Board of Trustees Attendance Analysis for FY 2020 Regular and Special Called Board Meetings Committee: Executive	Board Meeting Date September 24, 2020
Background Information: None	
Supporting Documentation: Board of Trustees Attendance Analysis for FY 2020	
Recommended Action: For Information Only	

Board of Trustees Attendance Analysis | FY 2020

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	7/7	100%	-	-	100%
Tracy Sorensen	4/7	57%	-	-	57%
Sharon Walker	7/7	100%	-	-	100%
Richard Duren	7/7	100%	-	-	100%
Morris Johnson	5/7	80%	-	-	80%
Gail Page	5/7	80%	-	-	80%
Jacob Paschal	6/7	90%	-	-	90%
Janet Qureshi	5/7	80%	-	-	80%
(Vacant)					

<u>Summary of Attendance</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Total Regular Meetings Held:	9	10	7
Average Attendance:	79%	78%	86%
Total Special Called Meetings Held:	0	0	0
Average Attendance:	N/A	N/A	N/A
Total Number of Meetings Held:	9	10	7
Average Attendance:	79%	78%	86%
Average Number of Members Present:	6.33	6.20	6.57

NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.

Agenda Item: Dates of Scheduled Board Meetings for Calendar 2021 Committee: Executive	Board Meeting Date: September 24, 2020
Background Information: Board meetings for 2021 are currently scheduled as follows: <ul style="list-style-type: none"> • January 28, 2021 • February 25, 2021 • March 25, 2021 • April 22, 2021 • May 27, 2021 • July 29, 2021 (5th Thursday) • August 26, 2021 • September 23, 2021 • October 28, 2021 • November 18, 2021 (Thursday before the week of Thanksgiving) 	
Supporting Documentation: None	
Recommended Action: For Information Only	

Agenda Item: Texas Council Quarterly Board Meeting Update Committee: Executive	Board Meeting Date September 24, 2020
Background Information: The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation: Texas Council Staff Report	
Recommended Action: For Information Only	

Agenda Item: Approve July 2020 Financial Statements Committee: Business	Board Meeting Date September 24, 2020
Background Information: None	
Supporting Documentation: July 2020 Financial Statements	
Recommended Action: Approve July 2020 Financial Statements	

July 2020 Financial Summary

Revenues for July 2020 were \$3,402,326, and operating expenses were \$2,854,858, resulting in a gain in operations of \$547,468. Capital Expenditures and Extraordinary Expenses for July were \$162,839, resulting in a gain of \$384,629. Total revenues were 110.46% of the monthly budgeted revenues, and total expenses were 98.45% of the monthly budgeted expenses (difference of 12.01%).

Year to date revenues are \$30,235,379, and operating expenses are \$28,347,480, leaving excess operating revenues of \$1,887,899. YTD Capital Expenditures and Extraordinary Expenses are \$1,333,141, resulting in a gain YTD of \$554,758. Total revenues are 98.67% of the YTD budgeted revenues, and total expenses are 97.15% of the YTD budgeted expenses (difference of 1.52%).

REVENUES

Earned Revenue items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Client Fees	153,660	215,733	71.23%	62,073
Private Insurance	97,051	144,450	67.19%	47,399
Title XVII Medicare - Regular	58,143	94,139	61.76%	35,996
Title XIX Case Management MH	550,426	577,814	95.26%	27,388
HCS – Title XIX	1,648,301	1,663,052	99.11%	14,751
Medicaid – PASRR	92,938	168,447	55.17%	75,509
Medicaid – Regular – Title XIX	513,929	636,561	80.74%	122,632
Rehab – Title XIX	1,565,574	1,801,487	86.90%	235,913

Earned Income – The above listed items are earned revenue lines with variances of over \$10,000. During this period of reduced services at the center, we have been serving clients from home by phone. As can be seen, we have many lines that are under the current approved budget. We have established a pattern of revenue earned under the COVID-19 operations and are using this to prepare program budgets through year end and going forward until conditions change for the better.

****NOTE – The following are Grant Funded Cost Reimbursement Programs under Budget by more than \$10,000:**

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
DSHS – MH First Aid	67,168	125,979	53.32%	58,811
HHSC – SA Treatment Youth	10,510	25,861	40.64%	15,352
DSHS – First Episode Psychosis	225,565	264,891	85.15%	39,326
DSHS – YES	35,465	45,995	77.11%	10,530
DADS – Autism Program	102,584	187,000	54.86%	84,416
HHSC – ESC6	34,380	69,000	49.83%	34,620
HHSC – Youth Prevention Universal	164,721	182,742	90.14%	18,021
DSHS – SA Prevention	174,959	213,632	81.90%	38,673
DSHS – OCR	173,729	190,297	91.94%	16,568
HHSC – HB13 – SA Admin	4,651	29,733	15.64%	25,082
HHSC – SB 292 – East Montgomery Crisis	195,218	297,286	65.67%	102,068
Tx Veteran’s Commission Grant	106,625	125,179	85.18%	18,554

Grant Funded Cost Reimbursement Programs - The above listed items are grant funded cost reimbursement programs with variances of over \$10,000. The good thing about these variances is there is an offset of expense lines that aren’t being spent. It is important to see all the variances to show the full impact of what is happening at the center during the COVID-19 partial shutdown. During this period of reduced services at the center, we have been serving clients from home by phone. Many of the above listed programs cannot be served by phone; therefore, services have come to a stop until things get back to normal.

EXPENSES**YTD Expense line items that exceed the YTD budget by more than \$10,000:**

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	214,970	199,242	107.89%	15,728
Fixed Asset – Computers	206,442	194,850	105.95%	11,592
Infection Control	56,752	69	82249.28%	56,683
Miscellaneous Expense	42,837	0	0	42,837
Telephone Mobile Service	91,568	49,289	185.78%	42,279

Building Repairs & Maintenance – This line item has been under budget all year, and this month we have gone over budget due to the costs associated with the installation of the portable building at the Cleveland location. The building has been set up, and furniture has been moved in and should be ready to occupy as we speak.

Fixed Asset – Computers – This line reflects the purchase of computers for the COVID-19 FEMA program as well as the Bob Woodward Foundation Grant. The budgets for these computers are included in both grants and are reflected in the end of year budget revision, and will be reimbursed through their payment process.

Infection Control – This line item is normally only used for annual flu shots for employees, but since COVID-19, we have been purchasing large quantities of items used to reduce the possibility of spreading COVID-19 if present in our facilities. This line item has decreased since the high purchasing of supplies in April and May. However, we do have an amount higher than normal to be budgeted in our next fiscal year budget.

Miscellaneous Expense – This line item reflects a payment back to FEMA regarding a reimbursement for Hurricane IKE expenses way back in 2009. We have been going back and forth disputing this recoupment for many years. There were many changes to the contractors handling the recoupments, and trying to get resolution became impossible. To get resolved, we finally decided we needed to pay and move on. We had many boxes of records, but no amount of documentation or records were going to change their minds about the recoupment.

Telephone Mobile Service – This line item reflects the increased cost of staff providing services through telephonic methods. We have additional phones provided to clinical staff and we also had additional usage charges for the billing period. We have worked with our mobile service provider to reduce our usage charges going forward so we will see a decrease in the monthly fee. This line item will need to also be adjusted at the year-end budget revision to reflect the charges for the change of service delivery during the COVID period.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 31, 2020**

	TOTALS COMBINED FUNDS July 2020	TOTALS COMBINED FUNDS June 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,900	3,900	-
Cash on Deposit-General Fund	11,255,944	8,413,798	2,842,146
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,440,179	2,655,525	(215,347)
Inventory	3,897	4,062	(165)
TOTAL CURRENT ASSETS	13,703,920	11,077,285	2,626,635
FIXED ASSETS	19,435,971	19,435,971	-
OTHER ASSETS	135,268	122,177	13,091
TOTAL ASSETS	\$ 33,275,158	\$ 30,635,433	\$ 2,639,726
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,015,646	1,200,401	(184,754)
NOTES PAYABLE	630,692	630,692	-
DEFERRED REVENUE	3,124,586	690,902	2,433,684
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	183,333	206,250	(22,917)
First Financial Construction Loan	11,239,830	11,280,362	(40,532)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	554,758	170,129	384,629
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,423,163)	(11,486,612)	63,449
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	19,435,971	19,435,971	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	67,833	61,666	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(630,692)	(630,692)	-
UNASSIGNED			
Unrestricted and Undesignated	3,585,566	3,585,566	-
TOTAL LIABILITIES/FUND BALANCE	\$ 33,275,158	\$ 30,635,433	\$ 2,639,725

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 31, 2020**

	General Operating Funds	Memorandum Only Final August 2019
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,900	3,500
Cash on Deposit-General Fund	11,255,944	8,204,549
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,440,179	2,127,671
Inventory	3,897	4,695
TOTAL CURRENT ASSETS	13,703,920	10,340,415
FIXED ASSETS	19,435,971	19,435,971
OTHER ASSETS	135,268	136,153
	\$ 33,275,158	\$ 29,912,539
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,015,646	1,152,521
NOTES PAYABLE	630,692	630,692
DEFERRED REVENUE	3,124,586	183,283
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	183,333	435,417
First Financial Construction Loan	11,239,830	11,675,110
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	554,758	633,843
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(11,423,163)	(12,110,527)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	19,435,971	19,435,971
Reserved for Vehicles & Equipment Replacement	613,712	678,112
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	67,833	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(630,692)	(630,692)
UNASSIGNED		
Unrestricted and Undesignated	3,585,566	2,951,724
TOTAL LIABILITIES/FUND BALANCE	\$ 33,275,158	\$ 29,912,539

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended July 2020
and Year To Date as of July 2020

INCOME:	MONTH OF July 2020	YTD July 2020
Local Revenue Sources	631,184	1,861,623
Earned Income	1,057,294	11,815,615
General Revenue-Contract	1,713,848	16,558,141
TOTAL INCOME	\$ 3,402,326	\$ 30,235,379
EXPENSES:		
Salaries	1,770,507	17,068,521
Employee Benefits	327,598	3,423,569
Medication Expense	66,875	687,924
Travel-Board/Staff	5,531	254,854
Building Rent/Maintenance	39,982	278,080
Consultants/Contracts	414,531	4,256,524
Other Operating Expenses	229,836	2,378,008
TOTAL EXPENSES	\$ 2,854,858	\$ 28,347,480
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 547,468	\$ 1,887,899
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	69,867	307,988
Capital Outlay-Debt Service	92,972	1,025,153
TOTAL CAPITAL EXPENDITURES	\$ 162,839	\$ 1,333,141
GRAND TOTAL EXPENDITURES	\$ 3,017,697	\$ 29,680,621
Excess (Deficiency) of Revenues and Expenses	\$ 384,629	\$ 554,758

Debt Service and Fixed Asset Fund:		
Debt Service	92,972	1,025,153
Excess(Deficiency) of revenues over Expenses	92,972	1,025,153

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of July 2020

	YTD July 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,861,623	1,536,565	325,058
Earned Income	11,815,615	12,539,756	(724,141)
General Revenue-Contract	16,558,141	16,566,585	(8,444)
TOTAL INCOME	\$ 30,235,379	\$ 30,642,905	\$ (407,527)
EXPENSES:			
Salaries	17,068,521	17,675,345	(606,824)
Employee Benefits	3,423,569	3,443,968	(20,398)
Medication Expense	687,924	690,191	(2,267)
Travel-Board/Staff	254,854	357,565	(102,711)
Building Rent/Maintenance	278,080	271,005	7,075
Consultants/Contracts	4,256,524	4,477,477	(220,953)
Other Operating Expenses	2,378,008	2,309,376	68,632
TOTAL EXPENSES	\$ 28,347,480	\$ 29,224,927	\$ (877,446)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,887,899	\$ 1,417,979	\$ 469,920
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	307,988	296,571	11,417
Capital Outlay-Debt Service	1,025,153	1,029,292	(4,139)
TOTAL CAPITAL EXPENDITURES	\$ 1,333,141	\$ 1,325,863	\$ 7,278
GRAND TOTAL EXPENDITURES	\$ 29,680,621	\$ 30,550,790	\$ (870,168)
Excess (Deficiency) of Revenues and Expenses	\$ 554,758	\$ 92,116	\$ 462,642

Debt Service and Fixed Asset Fund:

Debt Service	1,025,153	1,029,292	(4,139)
Excess(Deficiency) of revenues over Expenses	1,025,153	1,029,292	(4,139)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended July 2020

INCOME:	MONTH OF July 2020	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	631,184	152,512	478,672
Earned Income	1,057,294	1,222,994	(165,700)
General Revenue-Contract	1,713,848	1,704,731	9,117
TOTAL INCOME	\$ 3,402,326	\$ 3,080,238	\$ 322,089
EXPENSES:			
Salaries	1,770,507	1,832,724	(62,217)
Employee Benefits	327,598	304,391	23,207
Medication Expense	66,875	65,062	1,812
Travel-Board/Staff	5,531	34,207	(28,677)
Building Rent/Maintenance	39,982	22,037	17,945
Consultants/Contracts	414,531	476,722	(62,191)
Other Operating Expenses	229,836	197,422	32,414
TOTAL EXPENSES	\$ 2,854,858	\$ 2,932,565	\$ (77,707)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 547,468	\$ 147,672	\$ 399,796
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	69,867	39,087	30,780
Capital Outlay-Debt Service	92,972	93,572	(600)
TOTAL CAPITAL EXPENDITURES	\$ 162,839	\$ 132,659	\$ 30,180
GRAND TOTAL EXPENDITURES	\$ 3,017,697	\$ 3,065,224	\$ (47,527)
Excess (Deficiency) of Revenues and Expenses	\$ 384,629	\$ 15,013	\$ 369,616

Debt Service and Fixed Asset Fund:

Debt Service	92,972	93,572	(600)
Excess(Deficiency) of revenues over Expenses	92,972	93,572	(600)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD July 2019 Comparative Data
Year to Date as of July 2020

INCOME:	YTD July 2020	YTD July 2019	Increase (Decrease)
Local Revenue Sources	1,861,623	1,649,259	212,364
Earned Income	11,815,615	11,803,635	11,980
General Revenue-Contract	16,558,141	14,722,474	1,835,667
TOTAL INCOME	\$ 30,235,379	\$ 28,175,368	\$ 2,060,011
EXPENSES:			
Salaries	17,068,521	16,168,202	900,319
Employee Benefits	3,423,569	3,102,933	320,636
Medication Expense	687,924	622,298	65,626
Travel-Board/Staff	254,854	426,239	(171,385)
Building Rent/Maintenance	278,080	351,666	(73,586)
Consultants/Contracts	4,256,524	3,726,197	530,327
Other Operating Expenses	2,378,008	2,262,474	115,534
TOTAL EXPENSES	\$ 28,347,480	\$ 26,660,007	\$ 1,687,471
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,887,899	\$ 1,515,361	\$ 372,540
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	307,988	96,505	211,483
Capital Outlay-Debt Service	1,025,153	1,030,872	(5,719)
TOTAL CAPITAL EXPENDITURES	\$ 1,333,141	\$ 1,127,377	\$ 205,764
GRAND TOTAL EXPENDITURES	\$ 29,680,621	\$ 27,787,384	\$ 1,893,237
Excess (Deficiency) of Revenues and Expenses	\$ 554,758	\$ 387,984	\$ 166,776

Debt Service and Fixed Asset Fund:

Debt Service	1,025,153	1,030,872	(5,719)
Excess(Deficiency) of revenues over Expenses	1,025,153	1,030,872	(5,719)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2019 Comparative Data
For the Month Ended July 2020

INCOME:	MONTH OF July 2020	MONTH OF July 2019	Increase (Decrease)
Local Revenue Sources	631,184	115,622	515,562
Earned Income	1,057,294	1,180,397	(123,103)
General Revenue-Contract	1,713,848	1,353,472	360,376
TOTAL INCOME	\$ 3,402,326	\$ 2,649,490	\$ 752,835
Salaries	1,770,507	1,426,153	344,354
Employee Benefits	327,598	279,156	48,442
Medication Expense	66,875	54,024	12,851
Travel-Board/Staff	5,531	37,674	(32,143)
Building Rent/Maintenance	39,982	82,579	(42,597)
Consultants/Contracts	414,531	413,617	914
Other Operating Expenses	229,836	237,368	(7,532)
TOTAL EXPENSES	\$ 2,854,858	\$ 2,530,571	\$ 324,287
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 547,468	\$ 118,919	\$ 428,548
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	69,867	281	69,586
Capital Outlay-Debt Service	92,972	93,486	(514)
TOTAL CAPITAL EXPENDITURES	\$ 162,839	\$ 93,767	\$ 69,072
GRAND TOTAL EXPENDITURES	\$ 3,017,697	\$ 2,624,338	\$ 393,359
Excess (Deficiency) of Revenues and Expenses	\$ 384,629	\$ 25,152	\$ 359,476

Debt Service and Fixed Asset Fund:

Debt Service	92,972	93,486	(514)
Excess(Deficiency) of revenues over Expenses	92,972	93,486	(514)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2020 Comparative Data
For the Month Ended July 2020

INCOME:	MONTH OF July 2020	MONTH OF June 2020	Increase (Decrease)
Local Revenue Sources	631,184	78,282	552,902
Earned Income	1,057,294	1,034,882	22,412
General Revenue-Contract	1,713,848	1,613,583	100,265
TOTAL INCOME	\$ 3,402,326	\$ 2,726,747	\$ 675,580
EXPENSES:			
Salaries	1,770,507	1,409,066	361,441
Employee Benefits	327,598	290,227	37,371
Medication Expense	66,875	60,840	6,035
Travel-Board/Staff	5,531	2,477	3,054
Building Rent/Maintenance	39,982	10,242	29,739
Consultants/Contracts	414,531	496,542	(82,011)
Other Operating Expenses	229,836	210,583	19,253
TOTAL EXPENSES	\$ 2,854,858	\$ 2,479,976	\$ 374,882
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 547,468	\$ 246,770	\$ 300,698
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	69,867	844	69,024
Capital Outlay-Debt Service	92,972	93,029	(57)
TOTAL CAPITAL EXPENDITURES	\$ 162,839	\$ 93,873	\$ 68,966
GRAND TOTAL EXPENDITURES	\$ 3,017,697	\$ 2,573,849	\$ 443,848
Excess (Deficiency) of Revenues and Expenses	\$ 384,629	\$ 152,897	\$ 231,732

Debt Service and Fixed Asset Fund:

Debt Service	92,972	93,029	(57)
Excess(Deficiency) of revenues over Expenses	92,972	93,029	(57)

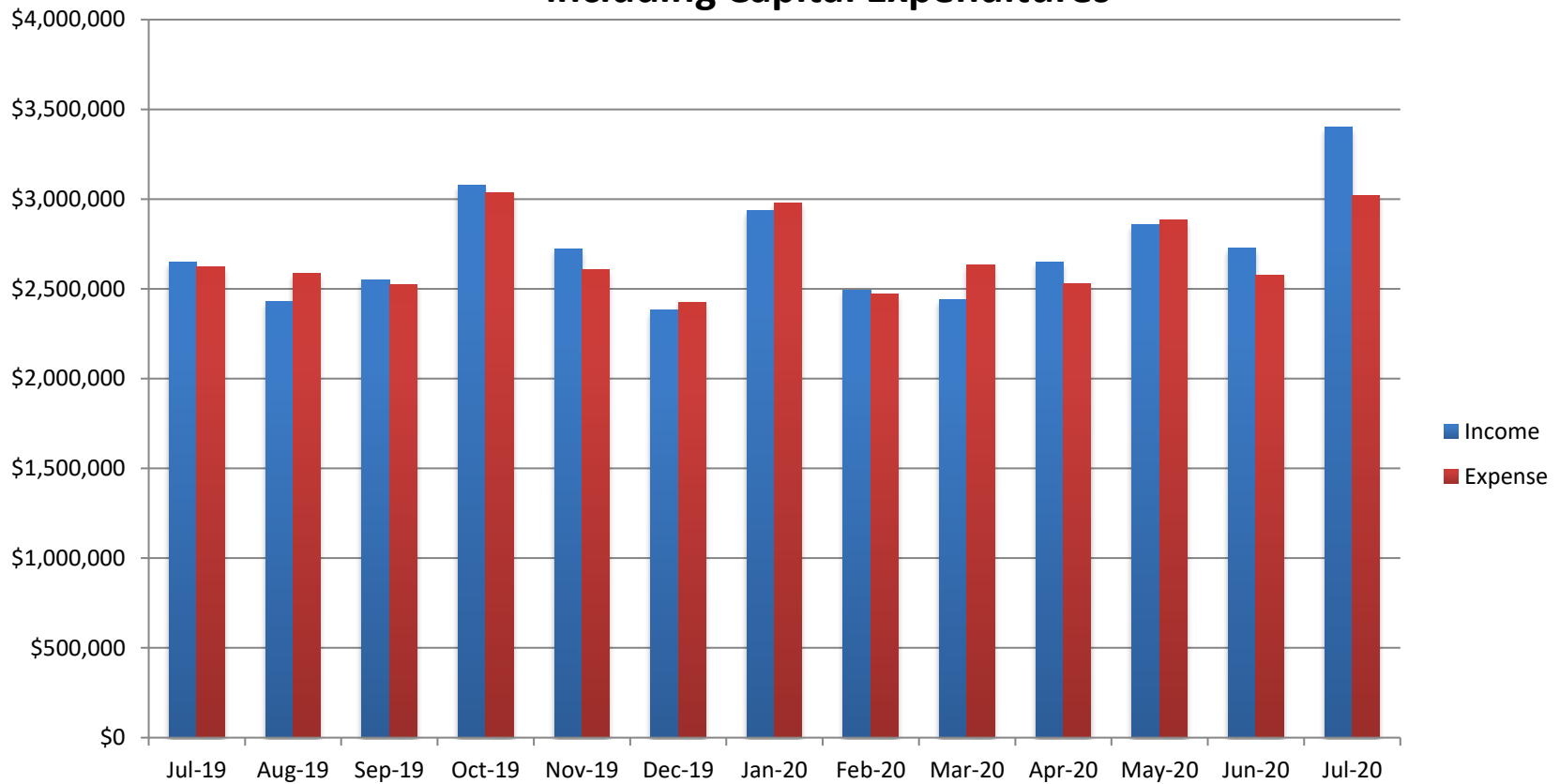
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of July 2020

	YTD Mental Health July 2020	YTD IDD July 2020	YTD Other Services July 2020	YTD Agency Total July 2020	YTD Approved Budget July 2020	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,040,429	(127,694)	(51,112)	1,861,623	1,536,565	325,058
Earned Income	4,490,598	3,816,908	3,508,110	11,815,615	12,539,756	(724,141)
General Revenue-Contract	13,917,525	1,709,544	931,071	16,558,140	16,566,585	(8,445)
TOTAL INCOME	\$ 20,448,552	\$ 5,398,758	\$ 4,388,069	\$ 30,235,378	\$ 30,642,905	\$ (407,527)
EXPENSES:						
Salaries	11,640,487	2,803,078	2,624,956	17,068,521	17,675,345	(606,824)
Employee Benefits	2,278,779	604,455	540,336	3,423,569	3,443,968	(20,399)
Medication Expense	538,053	-	149,870	687,923	690,191	(2,267)
Travel-Board/Staff	136,696	80,153	38,006	254,854	357,565	(102,711)
Building Rent/Maintenance	253,717	14,896	9,467	278,080	271,005	7,075
Consultants/Contracts	2,955,138	948,986	352,399	4,256,523	4,477,477	(220,954)
Other Operating Expenses	1,528,310	529,990	319,708	2,378,008	2,309,376	68,632
TOTAL EXPENSES	\$ 19,331,180	\$ 4,981,558	\$ 4,034,742	\$ 28,347,479	\$ 29,224,927	\$ (877,448)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,117,372	\$ 417,200	\$ 353,327	\$ 1,887,899	\$ 1,417,979	\$ 469,921
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	190,729	41,458	75,801	307,988	296,571	11,417
Capital Outlay-Debt Service	697,104	184,528	143,521	1,025,153	1,029,292	(4,139)
TOTAL CAPITAL EXPENDITURES	\$ 887,833	\$ 225,986	\$ 219,322	\$ 1,333,141	\$ 1,325,863	\$ 7,278
GRAND TOTAL EXPENDITURES	\$ 20,219,013	\$ 5,207,544	\$ 4,254,064	\$ 29,680,620	\$ 30,550,790	\$ (870,170)
Excess (Deficiency) of Revenues and Expenses	\$ 229,539	\$ 191,214	\$ 134,005	\$ 554,758	\$ 92,116	\$ 462,643
Debt Service and Fixed Asset Fund:						
Debt Service	697,104	184,528	143,521	1,025,153	1,029,292	(332,188)
Excess(Deficiency) of revenues over Expenses	697,104	184,528	143,521	1,025,153	1,029,292	(332,188)

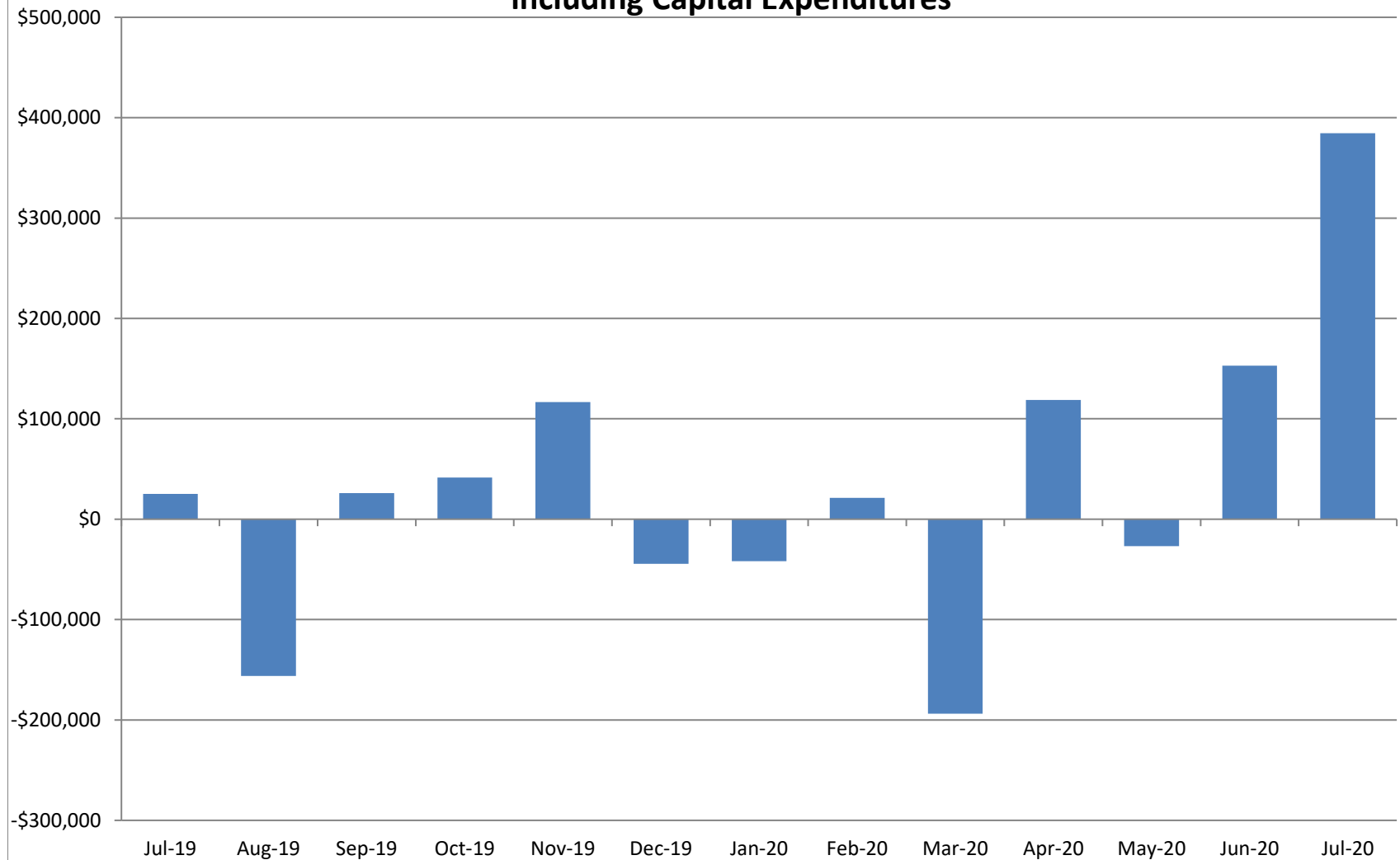
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2020 Year End Budget Revision	Board Meeting Date September 24, 2020
Committee: Business	
Background Information: None	
Supporting Documentation: Summary FY 2020 Year End Budget Revision	
Recommended Action: Approve FY 2020 Year End Budget Revision	

Tri-County Behavioral Healthcare
Proposed FY 2020 YEAR-END Budget Compared to
Current Approved FY 2020 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2020 YEAR-END Budget compared to the Current Approved FY 2020 Budget.

REVENUES:

Local Revenue – This line item reflects an overall increase based mainly on the funds received from the CARES Act Provider Relief Fund General Distribution. These funds were made available to Medicare facilities and providers impacted by COVID-19. This line also reflects a decrease in interest income, private insurance, and CHIP income. And one last line that reflects a significant reduction is the local match required for SB 292 that we were unable to secure from Montgomery County Public Health for this fiscal year.

Earned Income – This line item reflects an overall increase. We have three revenue lines that contribute to this increase. The largest of these was the 1115 Waiver program that had an enhanced FMAP rate that increased the amount that the center received. Also, the IDD Service Coordination has provided more phone services than originally budgeted, and lastly, we added the COVID-19 FEMA Grant. The line items that had decreases are as follows: Medicare, Case Management – MH, HCS, Medicaid – PASRR, Medicaid – Regular, Rehab Services, YES Services, Autism Program, Youth Prevention Universal, DSHS SA Prevention, Outpatient Competency Restoration, HB 13, SB 292, and the Texas Veteran's Commission Grant.

General Revenue – This line item reflects a decrease in MH GR funds that we received mid-year for Education Service Center and Post-Discharge Medications for Civil Commitment that we were unable to expend before year end. On the IDD GR side, we have lapsed funds for Crisis Respite services. Also due to the COVID shutdown, we were unable to expend all the funds for MH First Aid and First Episode Psychosis. Hopefully we will start to get back to normal sooner rather than later.

EXPENSES:

Salaries – This line item reflects a decrease based on the number of vacancies that we have had throughout the fiscal year. This line also had some adjustments to some wages in order to be competitive and assist with recruiting hard to fill positions.

Employee Benefits – This line item reflects an overall decrease that was also based on the vacant positions and the fringe associated with those positions.

Travel – Board/Staff – This line item reflects a decrease based on the travel ban that was put in place when the COVID-19 crisis started in March.

Medication Expense – This line item reflects a slight increase based on the actual medication usage being up since the mid-year revision was completed in March.

Building Rent/Maintenance – This line item reflects an increase based on the expense related to setting up the Portable building that is located next to our Cleveland facility.

Consultants/Contracts – This line item is higher based on the increased use of contract hospital beds through the mid part of July. Admissions have settled down since that time, but it has been an unusual year. We had a period of time that the PETC was closed, and also a short time that Extended Observation was also closed, which could have contributed to the increased admissions.

Other Operating Expenses – This line item reflects an increase based on higher charges for Mobile Phone services used to provide services by clinicians, along with the Computer Air card charges. We have also had an increase in license fees for software, for training, and other IT fees associated with more users. The purchase of Infection Control supplies has been relatively high over the last six months. This line also reflects the FEMA pay back from Hurricane Ike. Also, something that is hopefully a good thing – we have found another Psychiatrist that will be starting in 3 months, so we have paid out a recruiting fee.

Capital Outlay-FF&E, Automobiles – Variance under \$10,000.

Capital Outlay - Debt Service Bonds – This line item reflects an increase based on the early payoff of the 2nd on the Conroe Sgt. Ed Holcomb Building that will be paid in August.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2020 YEAR-END BUDGET COMPARED TO
CURRENT APPROVED FY 2020 BUDGET**

	PROPOSED FY 2020 YEAR-END BUDGET	CURRENT APPROVED FY 2020 BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,743,052	\$ 1,630,179	\$ 112,873
Earned Income	\$ 14,418,854	\$ 13,886,212	\$ 532,642
General Revenue	\$ 17,412,260	\$ 17,764,121	\$ (351,861)
TOTAL INCOME	\$ 33,574,166	\$ 33,280,512	\$ 293,654
EXPENSES:			
Salaries	\$ 19,041,000	\$ 19,653,364	\$ (612,364)
Employee Benefits	\$ 3,586,000	\$ 3,752,686	\$ (166,686)
Travel-Board/Staff	\$ 259,050	\$ 377,512	\$ (118,462)
Medication Expense	\$ 765,000	\$ 750,253	\$ 14,747
Building Rent/Maintenance	\$ 289,274	\$ 293,042	\$ (3,768)
Consultants/Contracts	\$ 4,899,000	\$ 4,617,031	\$ 281,969
Other Operating Expenses	\$ 2,635,914	\$ 2,399,432	\$ 236,482
TOTAL EXPENSES	\$ 31,475,238	\$ 31,843,320	\$ (368,082)
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,098,928	\$ 1,437,192	\$ 661,736
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 322,494	\$ 314,328	\$ 8,166
Capital Outlay - Debt Services Bonds	\$ 1,301,550	\$ 1,122,864	\$ 178,686
TOTAL CAPITAL EXPENDITURES	\$ 1,624,044	\$ 1,437,192	\$ 186,852
GRAND TOTAL EXPENDITURES	\$ 33,099,282	\$ 33,280,512	\$ (181,230)
Excess (Deficiency) of Revenues and Expenses	\$ 474,884	\$ -	\$ 474,884

Agenda Item: Approve Proposed FY 2021 Operating Budget Committee: Business	Board Meeting Date September 24, 2020
Background Information: None	
Supporting Documentation: Copy of Proposed FY 2021 Operating Budget with Narrative of Increases or Decreases of More than \$10,000	
Recommended Action: Approve Proposed FY 2021 Operating Budget	

Tri-County Behavioral Healthcare
Proposed FY 2021 BEGINNING BUDGET Compared to
Current Approved FY 2020 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2021 BEGINNING BUDGET compared to the Current Approved FY 2020 Budget.

REVENUES:

Local Revenue – This line item reflects an overall decrease based mainly on the funds received from the CARES Act Provider Relief Fund General Distribution that we received in July 2020. The line has gone back to normal revenue expectations. We have one additional revenue line that is included, the Bob Woodruff Foundation grant that we received towards the end of FY 2020.

Earned Income – This line item reflects an overall decrease mainly due to the year-end receipt of the 1115 Waiver funds in FY 2020. This category does have increases back to normal award amounts for all the grant funded programs, such as Autism, the Youth Prevention programs, OCR, and Texas Veteran’s Commission. We also have the addition of the HHSC – COVID-19 CCP program that adds to this line.

General Revenue – This line item reflects an increase back to the full general revenue contract awards, which includes items that we received mid-year last year for Education Service Center and Post-Discharge Medications for Civil Commitment. We also received increases in the HHSC SA Treatment Adult and Youth grant amounts for this year.

EXPENSES:

Salaries – This line item reflects an increase to the salary line due to additional positions that were added mid-year last year, as well as the COVID-19 and Runner positions. This line also had adjustments to some positions in order to be competitive and assist with recruiting hard to fill positions.

Employee Benefits – This line item shows an increase for the fringe associated with the above referenced beginning salary budget amount.

Travel – Board/Staff – This line item reflects a small increase with budgeting being based on six-month travel restrictions still being in place for the agency.

Medication Expense – This line item reflects a slight increase based on the actual medication usage trending up over the past year.

Building Rent/Maintenance – This line item reflects a decrease based on one-time expenses that were paid in FY 20 and also closing the East Montgomery County Crisis Clinic and not paying rent for the space.

Consultants/Contracts – This line item is lower based on the increased use of contract hospital beds used through the end of FY 20. Also, there was a reduction of Peace Officer contracts that were used for East Montgomery County Crisis Clinic. This line does include an increase in the IDD Respite and Foster care lines.

Other Operating Expenses – This line item reflects an overall decrease in the other operating expense category due to some changes in programs, such as the East Montgomery County Clinic closing, which affected many different lines. There are also lines that had one-time expenses that hit in FY 2020, such as License Fees for software, FEMA Ike recoupment, and also employee recruitment fees and many purchases for infection control. We have a few lines that are budgeted

to increase this fiscal year, such as Consumer Services – General for specific grants. Laboratory fees, Computer Air Cards, and Mobile phones are budgeted with an increase based on current usage trends.

Capital Outlay-FF&E, Automobiles – This line item reflects a decrease based on a one-time purchase of vehicles that occurred in FY 2020.

Capital Outlay - Debt Service Bonds – This line item reflects a decrease based on the payoff of the 2nd loan on the Sgt. Ed Holcomb building that was paid off in August.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2021 BEGINNING BUDGET COMPARED TO
CURRENT APPROVED FY 2020 BUDGET**

	PROPOSED FY 2021 BEGINNING BUDGET	CURRENT APPROVED FY 2020 BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,179,763	\$ 1,743,052	\$ (563,289)
Earned Income	\$ 14,050,586	\$ 14,418,854	\$ (368,268)
General Revenue	\$ 17,901,950	\$ 17,412,260	\$ 489,691
TOTAL INCOME	\$ 33,132,300	\$ 33,574,166	\$ (441,866)
EXPENSES:			
Salaries	\$ 19,710,712	\$ 19,041,000	\$ 669,712
Employee Benefits	\$ 4,119,780	\$ 3,586,000	\$ 533,780
Travel-Board/Staff	\$ 303,146	\$ 259,050	\$ 44,096
Medication Expense	\$ 782,000	\$ 765,000	\$ 17,000
Building Rent/Maintenance	\$ 205,320	\$ 289,274	\$ (83,954)
Consultants/Contracts	\$ 4,502,407	\$ 4,899,000	\$ (396,593)
Other Operating Expenses	\$ 2,472,895	\$ 2,635,914	\$ (163,019)
TOTAL EXPENSES	\$ 32,096,260	\$ 31,475,238	\$ 621,022
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,036,040	\$ 2,098,928	\$ (1,062,888)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 200,000	\$ 322,494	\$ (122,494)
Capital Outlay - Debt Services Bonds	\$ 836,040	\$ 1,301,550	\$ (465,510)
TOTAL CAPITAL EXPENDITURES	\$ 1,036,040	\$ 1,624,044	\$ (588,004)
GRAND TOTAL EXPENDITURES	\$ 33,132,300	\$ 33,099,282	\$ 33,018
Excess (Deficiency) of Revenues and Expenses	\$ -	\$ 474,884	\$ (474,884)

<p>Agenda Item: Ratify Banking Services Contract with JPMorgan Chase Bank, N.A.</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare has a Depository Contract with JPMorgan Chase Bank, N.A. from September 1, 2005 to August 31, 2020.</p> <p>Staff recommends that the Board ratify the extension of the contract with JPMorgan Chase Bank, N.A. for an additional year to expire on August 31, 2021.</p>	
<p>Supporting Documentation:</p> <p>Letter to Extend Agreement with JPMorgan Chase Bank, N.A.</p>	
<p>Recommended Action:</p> <p>Ratify Banking Services Contract Extension with JPMorgan Chase Bank, N.A.</p>	



August 25, 2020

Nanette Gil
Portfolio Banker
JPMorgan Chase Bank, N.A.
221 W. 6th Street, 2nd Floor
Austin, TX 78701

RE: Depository Contract

Dear Ms. Gil:

Pursuant to the depository contract between Tri-County Behavioral Healthcare beginning September 1, 2005 and ending August 31, 2008 and the six additional two year extensions through August 31, 2020 for said contract, please be advised that Tri-County Behavioral Healthcare hereby wishes to extend the contract for an additional 1 year period ending August 31, 2021. All other contracts remain.

Please return a signed copy of this letter as a representation of your agreement to extend.

Sincerely,

Evan Roberson
Executive Director

Printed Name
JPMorgan Chase Bank N.A.

Title

Signature
JPMorgan Chase Bank N.A.


Date

Agenda Item: Ratify FY 2021 Dues Commitment and Payment Schedule for the Texas Council Committee: Business	Board Meeting Date September 24, 2020
Background Information: <p>The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.</p> <p>The Texas Council Operating Budget for FY 2021 was approved at the Texas Council Board meeting on August 21, 2020.</p> <p>Total dues for Tri-County in FY 2021 were increased by \$877 from \$35,042 to \$35,919. The Center pays this fee in quarterly installments.</p>	
Supporting Documentation: <p>Cover Memorandum from Danette Castle, CEO</p> <p>FY 2021 Dues Commitment and Payment Schedule</p>	
Recommended Action: Ratify FY 2021 Dues Commitment and Payment Schedule for the Texas Council	



MEMO
August 28, 2020

TO: Evan Roberson
Executive Director, Tri-County Behavioral Healthcare

FROM: Danette Castle 
Chief Executive Officer

SUBJECT: FY 2021 Commitment of Dues for
Texas Council of Community Centers

Please find attached the FY 2021 (September 1, 2020 – August 31, 2021) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 21, 2020 annual board meeting. To assist with local Board of Trustee discussions we include the following information:

- Budget Overview
- FY 2021 Budget (with side-by-side comparison to FY 2020)
- FY 2021 Dues Comparison to FY 2020 Dues
- FY 2021 Commitment of Dues Payment Form

If you have any questions, please contact Mike Horne at mhorne@txcouncil.com or Tara Brown at tbrown@txcouncil.com.

cc: Sharon Walker, Texas Council Board Delegate

FY 2021 Commitment of Dues Payment for Texas Council of Community Centers

CENTER: Tri-County Behavioral Health

The dues for FY 2021 have been calculated as follows:

Total Dues\$38,192.00
**LESS: Credit for Texas Council Risk
Management Fund Members...(\$2,273.00)**

Net Dues\$35,919.00

The dues payment may be paid in one payment or in monthly or quarterly installments. Please identify the dues payment methodology you plan to use:

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
September 2020	_____	<u>8979.75</u>	<u>\$</u> _____
October	_____		
November	_____		
December	_____	<u>8979.75</u>	
January 2021	_____		
February	_____		
March	_____	<u>8979.75</u>	
April	_____		
May	_____		
June	_____	<u>8979.75</u>	
July	_____		
August	_____		
TOTALS	<u>\$</u> _____	<u>\$</u> _____	<u>\$</u> _____

Invoice for each payment required? X Yes No

We appreciate your prompt and timely payment!

APPROVED:

(Authorized Signature)

Date: _____

Agenda Item: Ratify FY 2021 Avail Solutions, Inc. Contract Committee: Business	Board Meeting Date September 24, 2020
Background Information: <p>Avail Solutions, Inc. has performed crisis hotline assessment services for many years for Tri-County Behavioral Healthcare. They are the major contract provider of crisis hotline services for community centers in Texas. They answer the crisis hotline 24 hours per day, seven days per week and have bilingual Spanish speaking staff available at all times. When a face-to-face crisis assessment is required, they contact our Center staff to conduct the assessment.</p> <p>The total contract amount for FY 2021 is \$66,000, the same amount that we paid in FY 2020.</p> <p>The contract needed to be signed before the Fiscal Year began, so Evan Roberson signed on behalf of the Center with approval from the Board Chair.</p>	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Ratify the FY 2021 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services	

<p>Agenda Item: Ratify the FY 2021 Cypress Creek Inpatient Hospital Contract</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare has primarily utilized Cypress Creek Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.</p> <p>Similar to prior years, for FY 2021 Tri-County has executed a Statement of Work with the Health and Human Services Commission (HHSC) for private psychiatric beds intended for state hospital diversion.</p> <p>The Cypress Creek contract for FY 2021 inpatient hospital beds is \$900,000. Cypress Creek hospital provides inpatient psychiatric care for adult and youth populations.</p> <p>The contract needed to be signed before the Fiscal Year began, so Evan Roberson signed on behalf of the Center with approval from the Board Chair.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Ratify the FY 2021 Cypress Creek Hospital Contract for Inpatient Psychiatric Services</p>	

Agenda Item: Ratify the FY 2021 Kingwood Pines Inpatient Hospital Contract

Board Meeting Date

September 24, 2020

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has utilized Kingwood Pines Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.

Similar to prior years, for FY 2021 Tri-County has executed a Statement of Work (SOW) with the Health and Human Services Commission (HHSC) for private psychiatric beds intended for state hospital diversion.

The Kingwood Pines contract for FY 2020 inpatient hospital beds is \$700,000. This figure is consistent with utilization trends observed in FY 2020. Kingwood Pines Hospital is unique in that it not only serves adults and youth but children under the age of 12. In the last few years, hospital level of care need for children in Liberty, Montgomery, and Walker catchment areas has continued to increase.

The contract needed to be signed before the Fiscal Year began, so Evan Roberson signed on behalf of the Center with approval from the Board Chair.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify the FY 2021 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services

Agenda Item: Ratify FY 2021 Woodland Springs Contract Committee: Business	Board Meeting Date September 24, 2020
Background Information: <p>Tri-County Behavioral Healthcare has primarily utilized Woodland Springs Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.</p> <p>Similar to prior years, for FY 2021 Tri-County has executed a Statement of Work with the Health and Human Services Commission (HHSC) for private psychiatric beds intended for state hospital diversion.</p> <p>The Woodland Springs contract for FY 2021 inpatient hospital beds is \$900,000. Woodland Springs Hospital provides inpatient psychiatric care for adult and youth populations, and due to having the shortest travel distance from Conroe, became our most utilized hospital in FY 2020.</p> <p>The contract needed to be signed before the Fiscal Year began, so Evan Roberson signed on behalf of the Center with approval from the Board Chair.</p>	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Ratify the FY 2021 Woodland Springs Contract	

Agenda Item: Ratify HHSC (DSHS) Treatment Adult Services (TRA) Contract No. HHS000663700009 Committee: Business	Board Meeting Date September 24, 2020
Background Information: <p>The HHSC Treatment Adult Services (TRA) contract provides funds for Adult Substance Use Treatment. For FY 2021, we applied for and were awarded additional funds to provide adult treatment services. This contract award increased from \$76,836 to \$175,000 per year.</p> <p>As we have previously noted, our substance use disorder services have seen a steady increase in the number of persons served over the last two years and we are pleased to have been awarded this additional funding.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.</p>	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Ratify HHSC (DSHS) Treatment Adult Services (TRA) Contract No. HHS000663700009	

<p>Agenda Item: Ratify HHSC Co-Occurring Mental Health (COPSD) Substance Abuse Services Contract No. HHS000886900001</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>The HHSC Co-Occurring Psychiatric and Substance Use Disorder (COPSD) contract provides funds for adults with psychiatric diagnoses and substance use treatment disorders. This was formerly called the TCO contract and was only for adults.</p> <p>For FY 2021, we applied for and were awarded additional funds to provide adult and youth COPSD services, and the contract award increased from \$23,840 to \$150,000 per year. Our contract target for FY 2021 is 132 persons served.</p> <p>As we have previously noted, our substance use disorder services have seen a steady increase in the number of persons served over the last two years and we are pleased to have been awarded this additional funding.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Ratify HHSC Co-Occurring Mental Health (COPSD) Substance Abuse Services Contract No. HHS000886900001</p>	

Agenda Item: Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract No. HHS000663700100 Committee: Business	Board Meeting Date September 24, 2020
Background Information: The HHSC Treatment Youth Services (TRY) contract provides funds for Youth Substance Use Treatment. For FY 2021, we applied for and were awarded additional funds to provide youth treatment services. This contract award increased from \$28,218 to \$125,000 per year. As we have previously noted, our substance use disorder services have seen a steady increase in the number of persons served over the last two years and we are pleased to have been awarded this additional funding. HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract No. HHS000663700100	

Agenda Item: Ratify HHSC Contract No. HHS000477100006, Community Mental Health Grant Program (HB 13)

Board Meeting Date:

September 24, 2020

Committee:

Background Information:

House Bill 13 (85th Session) authorized creation of a matching grant program to support community mental health programs for individuals experiencing mental illness and the coordination of certain behavioral health grants. Montgomery County was considered 'Urban' by HB 13 which meant that we need dollar for dollar matching funds.

In 2019, Tri-County applied for and was awarded an Expanded Substance Use Disorder grant program under the HB 13 Community Mental Health Grant Program. The match partner for this grant is the United Way of Greater Houston. The grant activities focus on moving persons in need of SUD services who are currently in outpatient mental health services into SUD treatment services at Tri-County.

We reapplied for and were awarded grant funding for FY 2021. The contract award amount is \$80,535.

As a part of the award, several new 'standardized' performance measures were added to the contract requirements. While we can complete these tools, we were not able to assure HHSC of outcome achievement because the standard measurement tools did not fit our program well. Staff expressed concern that these tools would be used to assess the program when there are future funding requests and were assured that this iterative process has the possibility of measure modification as needed in the future.

HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract is available for review.

Recommended Action:

Ratify HHSC Contract No. HHS000477100006, Community Mental Health Grant Program

<p>Agenda Item: Ratify Health and Human Services Commission Contract No. HHS000183000001, Amendment No. 4, Mental Health First Aid</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 24, 2020</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare has contracted with the Health and Human Services Commission for the Mental Health First Aid (MHFA) program for many years. The MHFA program provides training to public school district employees, public school resource officers, and other organizations working with youth; as a preventative measure to assist in early identification of children at risk of social-emotional disorders. All trainings are taught by certified Youth Mental Health First Aid instructors.</p> <p>Tri-County has 10 certified Youth Mental Health First Aid instructors, 1 certified Adult Mental Health First Aid instructor and 1 certified in both Youth and Adult Mental Health First Aid. Per HHSC's requirement, each trainer must provide a minimum of 3 trainings per year to school districts and other organizations and individuals linked to youth within the Tri-County's service area. Tri-County provided MHFA classes to 384 individuals in FY 2020.</p> <p>For FY 2021, we will have up to \$75,000 to reimburse the center for training provided to educators which is unchanged from FY 2020. The Center is reimbursed \$100 for each educator that is trained, but many of the persons trained are not persons for which we receive reimbursement so the money primarily covers the cost of MHFA program supplies for our Center (including participant books). The contract also covers the cost of a Mental Health First Aid staff that oversees the program. Contract funding for FY 2021 of \$164,050 is unchanged from FY 2020.</p> <p>There a series of administrative changes associated with this contract amendment, but program staff do not believe that they will impact program operations in any way.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>Contract available for review.</p>	
<p>Recommended Action:</p> <p>Ratify Health and Human Services Commission Contract No. HHS000183000001, Amendment No. 4, Mental Health First Aid</p>	

Agenda Item: Ratify the FY 2021 HHSC IDD Performance Contract No. HHS000609300001

Board Meeting Date

September 24, 2020

Committee: Business

Background Information:

The Health and Human Services Local Intellectual and Developmental Disability Performance Contract is the contract for all IDD Authority services, including:

- Eligibility Determination;
- State Supported Living Center Admission and Continuity of Care services;
- Service Coordination;
- Maintenance of the TxHmL and HCS Interest lists;
- Permanency Planning;
- IDD Crisis Intervention and Crisis Respite;
- Enhanced Community Coordination;
- PreAdmission and Resident Review (PASRR); and
- Habilitation Coordination.

The total value of the contract for FY 2021 is \$2,016,692, an \$8,116 increase from FY 2020, and requires \$180,964 in local match.

There were no significant contract changes in the FY 2021 contract. However, it should be noted that HHSC-IDD is moving much of the language related to contract execution to a Program Services Manual that can be changed without a contract amendment. As a result, we will need to monitor both the Contract and Manual to ensure we are complying.

HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify the FY 2021 HHSC IDD Performance Contract No. HHS000609300001

Agenda Item: Ratify FY 2021 HHSC Contract No. HHS000693900003, Children's Autism Grant Program Committee: Business	Board Meeting Date September 24, 2020
Background Information: <p>The Center began providing Board Certified Behavioral Analyst services to children with Autism in FY 2019 under contract with the Health and Human Services Department.</p> <p>The contract allows the Center to provide Board Certified Behavioral Analyst therapy for kids with autism and also to contract for these services in the community. Tri-County's program is located on the second floor of the Sgt. Ed Holcomb building, and we have a contractor that is based in The Woodlands.</p> <p>For FY 2021 we had to reapply for this grant to continue the program. The Center was awarded \$137,421 in funding to serve 15 children.</p> <p>It should be noted that this program is one of the programs that has been identified for budget cuts in FY 2021, and is a potential target for reduction as part of the 87th legislative session.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding for FY 2021, so Evan Roberson signed the contract for ratification by the Board.</p>	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Ratify FY 2021 HHSC Contract No. HHS000693900003, Children's Autism Grant Program	

Agenda Item: Ratify East Texas Behavioral Healthcare Network (ETBHN) Services Contract

Board Meeting Date:

September 24, 2020

Committee:

Background Information:

ETBHN was formed by a group of East Texas Centers to provide administrative efficiencies for the member centers. Tri-County is one of the owners of the organization and the Executive Director serves on the Regional Oversight Committee (ROC).

ETBHN sells services to member centers and to other Texas organizations, but members purchase services at lower rates than non-member organizations.

Currently Tri-County purchases the following services from ETBHN:

- Telemedicine (one APN, 8-5, M-F);
- Regional authorizations (run by Tri-County);
- Consultant Administrative Medical Director Services;
- Closed-door pharmacy services (for persons without insurance); and,
- Patient Assistance Program application processing.

The cost of the services varies based on utilization and need, but are currently estimated to be approximately \$300,000 for FY 2021.

Tri-County has a separate contract with ETBHN to purchase the services of our Authorization staff for the region.

ETBHN needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract available for review.

Recommended Action:

Ratify East Texas Behavioral Healthcare Network (ETBHN) Services Contract

Agenda Item: Independence Oaks Apartments Committee: Business	Board Meeting Date: September 24, 2020
Background Information: Evan Roberson and Tanya Bryant will provide an update to the Board about Independence Oaks in Executive Session.	
Supporting Documentation: None	
Recommended Action: Take action as needed.	

Agenda Item: Review August 2020 Preliminary Financial Statements Committee: Business	Board Meeting Date September 24, 2020
Background Information: None	
Supporting Documentation: August 2020 Preliminary Financial Statements	
Recommended Action: For Information Only	

August 2020 Preliminary Financial Summary

Revenues for August 2020 were \$3,427,227, and operating expenses were \$2,705,697, resulting in a gain in operation of \$721,530. Capital Expenditures and Extraordinary Expenses for August were \$267,498, resulting in a gain of \$454,032. Total revenues were 115.69% of the monthly budgeted revenues, and total expenses were 113.50% of the monthly budgeted expenses (difference of 2.20%).

Year to date revenues are \$33,662,606, and operating expenses are \$31,053,178, leaving excess operating revenues of \$2,609,429. YTD Capital Expenditures and Extraordinary Expenses are \$1,600,639, resulting in a gain YTD of \$1,008,790. Total revenues are 100.26% of the YTD budgeted revenues, and total expenses are 98.65% of the YTD budgeted expenses (difference of 1.61%).

REVENUES

Earned Revenues items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
C&A Title Block Grant	292,997	316,832	92.48%	23,835
DADS General Revenue IDD	1,911,253	1,981,000	96.48%	69,747

C&A Title Block Grant – This line item was budgeted slightly higher than actual contracted budget and was corrected at the year-end reconciliation process.

DADS General Revenue IDD – This line item reflects the IDD General Revenue, which also has several programs included that basically act as cost reimbursement programs, such as Crisis Intervention, Crisis Respite Services, and Enhanced Community Coordination. Due to COVID 19, we were not able to spend all the funds allocated to the cost reimbursement programs.

EXPENSES

YTD Individual line expense items that exceed the YTD budget by more than \$10,000:

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	233,143	221,402	105.30%	11,741

Building Repairs & Maintenance – This line item came in slightly higher than the annual budget mostly due to the cost of an air conditioning unit that had to be replaced at the PETC facility at the end of the fiscal year.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended August 31, 2020
Preliminary

	TOTALS COMBINED FUNDS August 2020	TOTALS COMBINED FUNDS July 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,900	3,900	-
Cash on Deposit-General Fund	9,556,977	11,255,944	(1,698,967)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,231,283	2,440,179	(208,896)
Inventory	3,732	3,897	(165)
TOTAL CURRENT ASSETS	11,795,892	13,703,920	(1,908,028)
FIXED ASSETS	19,435,971	19,435,971	-
OTHER ASSETS	182,240	135,268	46,972
TOTAL ASSETS	\$ 31,414,102	\$ 33,275,158	\$ (1,861,055)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,431,287	1,015,646	415,640
NOTES PAYABLE	719,395	630,692	88,703
DEFERRED REVENUE	461,691	3,124,586	(2,662,895)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	-	183,333	(183,333)
First Financial Construction Loan	11,200,154	11,239,830	(39,676)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	1,008,790	554,758	454,032
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,200,154)	(11,423,163)	223,010
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	19,435,971	19,435,971	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	-	67,833	(67,833)
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(719,395)	(630,692)	(88,703)
UNASSIGNED			
Unrestricted and Undesignated	3,585,566	3,585,566	-
TOTAL LIABILITIES/FUND BALANCE	\$ 31,414,102	\$ 33,275,158	\$ (1,861,056)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended August 31, 2020
Preliminary**

	General Operating Funds	Memorandum Only Final August 2019
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,900	3,500
Cash on Deposit-General Fund	9,556,977	8,204,549
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,231,283	2,127,671
Inventory	3,732	4,695
TOTAL CURRENT ASSETS	11,795,892	10,340,415
FIXED ASSETS	19,435,971	19,435,971
OTHER ASSETS	182,240	136,153
	\$ 31,414,102	\$ 29,912,539
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,431,287	1,152,521
NOTES PAYABLE	719,395	630,692
DEFERRED REVENUE	461,691	183,283
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	-	435,417
First Financial Construction Loan	11,200,154	11,675,110
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	1,008,790	633,843
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(11,200,154)	(12,110,527)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	19,435,971	19,435,971
Reserved for Vehicles & Equipment Replacement	613,712	678,112
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	-	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(719,395)	(630,692)
UNASSIGNED		
Unrestricted and Undesignated	3,585,566	2,951,724
TOTAL LIABILITIES/FUND BALANCE	\$ 31,414,102	\$ 29,912,539

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended August 2020
and Year To Date as of August 2020
Preliminary

INCOME:	MONTH OF August 2020	YTD August 2020
Local Revenue Sources	(86,468)	1,775,155
Earned Income	2,422,038	14,237,653
General Revenue-Contract	1,091,658	17,649,798
TOTAL INCOME	\$ 3,427,227	\$ 33,662,606
EXPENSES:		
Salaries	1,741,966	18,810,488
Employee Benefits	127,699	3,551,269
Medication Expense	35,427	723,350
Travel-Board/Staff	6,923	261,777
Building Rent/Maintenance	21,780	299,860
Consultants/Contracts	608,240	4,864,763
Other Operating Expenses	163,662	2,541,670
TOTAL EXPENSES	\$ 2,705,697	\$ 31,053,178
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 721,530	\$ 2,609,429
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	13,994	321,981
Capital Outlay-Debt Service	253,504	1,278,658
TOTAL CAPITAL EXPENDITURES	\$ 267,498	\$ 1,600,639
GRAND TOTAL EXPENDITURES	\$ 2,973,195	\$ 32,653,817
Excess (Deficiency) of Revenues and Expenses	\$ 454,032	\$ 1,008,790

Debt Service and Fixed Asset Fund:		
Debt Service	253,504	1,278,658
Excess(Deficiency) of revenues over Expenses	253,504	1,278,658

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of August 2020
Preliminary

	YTD August 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,775,155	1,737,552	37,603
Earned Income	14,237,653	14,143,799	93,854
General Revenue-Contract	17,649,798	17,692,815	(43,016)
TOTAL INCOME	\$ 33,662,606	\$ 33,574,166	\$ 88,441
EXPENSES:			
Salaries	18,810,488	19,041,000	(230,512)
Employee Benefits	3,551,269	3,586,000	(34,731)
Medication Expense	723,350	765,000	(41,650)
Travel-Board/Staff	261,777	259,050	2,727
Building Rent/Maintenance	299,860	289,274	10,586
Consultants/Contracts	4,864,763	4,899,000	(34,237)
Other Operating Expenses	2,541,670	2,635,914	(94,244)
TOTAL EXPENSES	\$ 31,053,178	\$ 31,475,238	\$ (422,060)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 2,609,429	 \$ 2,098,928	 \$ 510,501
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	321,981	322,494	(513)
Capital Outlay-Debt Service	1,278,658	1,301,550	(22,892)
TOTAL CAPITAL EXPENDITURES	\$ 1,600,639	\$ 1,624,044	\$ (23,405)
 GRAND TOTAL EXPENDITURES	 \$ 32,653,817	 \$ 33,099,282	 \$ (445,465)
 Excess (Deficiency) of Revenues and Expenses	 \$ 1,008,790	 \$ 474,884	 \$ 533,906

Debt Service and Fixed Asset Fund:

Debt Service	1,278,658	1,301,550	(22,892)
Excess(Deficiency) of revenues over Expenses	1,278,658	1,301,550	(22,892)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended August 2020
Preliminary

INCOME:	MONTH OF August 2020	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	(86,468)	200,987	(287,455)
Earned Income	2,422,038	1,604,043	817,994
General Revenue-Contract	1,091,658	1,157,281	(65,623)
TOTAL INCOME	\$ 3,427,227	\$ 2,962,311	\$ 464,916
EXPENSES:			
Salaries	1,741,966	1,436,822	305,145
Employee Benefits	127,699	142,032	(14,333)
Medication Expense	35,427	74,809	(39,383)
Travel-Board/Staff	6,923	(98,515)	105,438
Building Rent/Maintenance	21,780	18,269	3,511
Consultants/Contracts	608,240	421,523	186,716
Other Operating Expenses	163,662	326,538	(162,875)
TOTAL EXPENSES	\$ 2,705,697	\$ 2,321,478	\$ 384,219
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 721,530	\$ 640,833	\$ 80,697
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,994	25,923	(11,929)
Capital Outlay-Debt Service	253,504	272,258	(18,754)
TOTAL CAPITAL EXPENDITURES	\$ 267,498	\$ 298,181	\$ (30,683)
GRAND TOTAL EXPENDITURES	\$ 2,973,195	\$ 2,619,659	\$ 353,536
Excess (Deficiency) of Revenues and Expenses	\$ 454,032	\$ 342,652	\$ 111,380

Debt Service and Fixed Asset Fund:

Debt Service	253,504	272,258	(18,754)
Excess(Deficiency) of revenues over Expenses	253,504	272,258	(18,754)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD August 2019 Comparative Data
Year to Date as of August 2020
Preliminary

	YTD August 2020	Final YTD August 2019	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,775,155	1,819,184	(44,029)
Earned Income	14,237,653	13,473,393	764,260
General Revenue-Contract	17,649,798	15,936,311	1,713,487
TOTAL INCOME	\$ 33,662,606	\$ 31,228,888	\$ 2,433,718
EXPENSES:			
Salaries	18,810,488	17,676,077	1,134,411
Employee Benefits	3,551,269	3,308,850	242,419
Medication Expense	723,350	680,970	42,381
Travel-Board/Staff	261,777	465,988	(204,211)
Building Rent/Maintenance	299,860	421,927	(122,066)
Consultants/Contracts	4,864,763	4,261,353	603,411
Other Operating Expenses	2,541,670	2,625,286	(83,616)
TOTAL EXPENSES	\$ 31,053,178	\$ 29,440,447	\$ 1,612,728
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 2,609,429	 \$ 1,788,440	 \$ 820,990
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	321,981	30,250	291,731
Capital Outlay-Debt Service	1,278,658	1,124,348	154,310
TOTAL CAPITAL EXPENDITURES	\$ 1,600,639	\$ 1,154,598	\$ 446,041
 GRAND TOTAL EXPENDITURES	 \$ 32,653,817	 \$ 30,595,045	 \$ 2,058,772
 Excess (Deficiency) of Revenues and Expenses	 \$ 1,008,790	 \$ 633,843	 \$ 374,949

Debt Service and Fixed Asset Fund:			
Debt Service	1,278,658	1,124,348	154,310
			-
Excess(Deficiency) of revenues over Expenses	1,278,658	1,124,348	154,310

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With August 2019 Comparative Data
For the Month Ended August 2020
Preliminary

INCOME:	MONTH OF August 2020	Final MONTH OF August 2019	Increase (Decrease)
Local Revenue Sources	(86,468)	169,926	(256,393)
Earned Income	2,422,038	1,669,758	752,280
General Revenue-Contract	1,091,658	1,213,837	(122,180)
TOTAL INCOME	\$ 3,427,227	\$ 3,053,520	\$ 373,707
Salaries	1,741,966	1,507,875	234,091
Employee Benefits	127,699	205,917	(78,217)
Medication Expense	35,427	58,672	(23,245)
Travel-Board/Staff	6,923	39,749	(32,826)
Building Rent/Maintenance	21,780	70,260	(48,480)
Consultants/Contracts	608,240	535,155	73,084
Other Operating Expenses	163,662	345,829	(182,167)
TOTAL EXPENSES	\$ 2,705,697	\$ 2,763,457	\$ (57,760)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 721,530	\$ 290,063	\$ 431,467
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,994	(49,272)	63,266
Capital Outlay-Debt Service	253,504	93,473	160,031
TOTAL CAPITAL EXPENDITURES	\$ 267,498	\$ 44,201	\$ 223,297
GRAND TOTAL EXPENDITURES	\$ 2,973,195	\$ 2,807,658	\$ 165,537
Excess (Deficiency) of Revenues and Expenses	\$ 454,032	\$ 245,862	\$ 208,169

Debt Service and Fixed Asset Fund:

Debt Service	253,504	93,473	160,031
Excess(Deficiency) of revenues over Expenses	253,504	93,473	160,031

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2020 Comparative Data
For the Month Ended August 2020
Preliminary

INCOME:	MONTH OF August 2020	MONTH OF July 2020	Increase (Decrease)
Local Revenue Sources	(86,468)	631,184	(717,652)
Earned Income	2,422,038	1,057,294	1,364,744
General Revenue-Contract	1,091,658	1,713,848	(622,191)
TOTAL INCOME	\$ 3,427,227	\$ 3,402,326	\$ 24,901
EXPENSES:			
Salaries	1,741,966	1,770,507	(28,540)
Employee Benefits	127,699	327,598	(199,898)
Medication Expense	35,427	66,875	(31,448)
Travel-Board/Staff	6,923	5,531	1,392
Building Rent/Maintenance	21,780	39,982	(18,201)
Consultants/Contracts	608,240	414,531	193,709
Other Operating Expenses	163,662	229,836	(66,174)
TOTAL EXPENSES	\$ 2,705,697	\$ 2,854,858	\$ (149,161)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 721,530	\$ 547,468	\$ 174,062
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,994	69,867	(55,874)
Capital Outlay-Debt Service	253,504	92,972	160,533
TOTAL CAPITAL EXPENDITURES	\$ 267,498	\$ 162,839	\$ 104,659
GRAND TOTAL EXPENDITURES	\$ 2,973,195	\$ 3,017,697	\$ (44,502)
Excess (Deficiency) of Revenues and Expenses	\$ 454,032	\$ 384,629	\$ 69,403

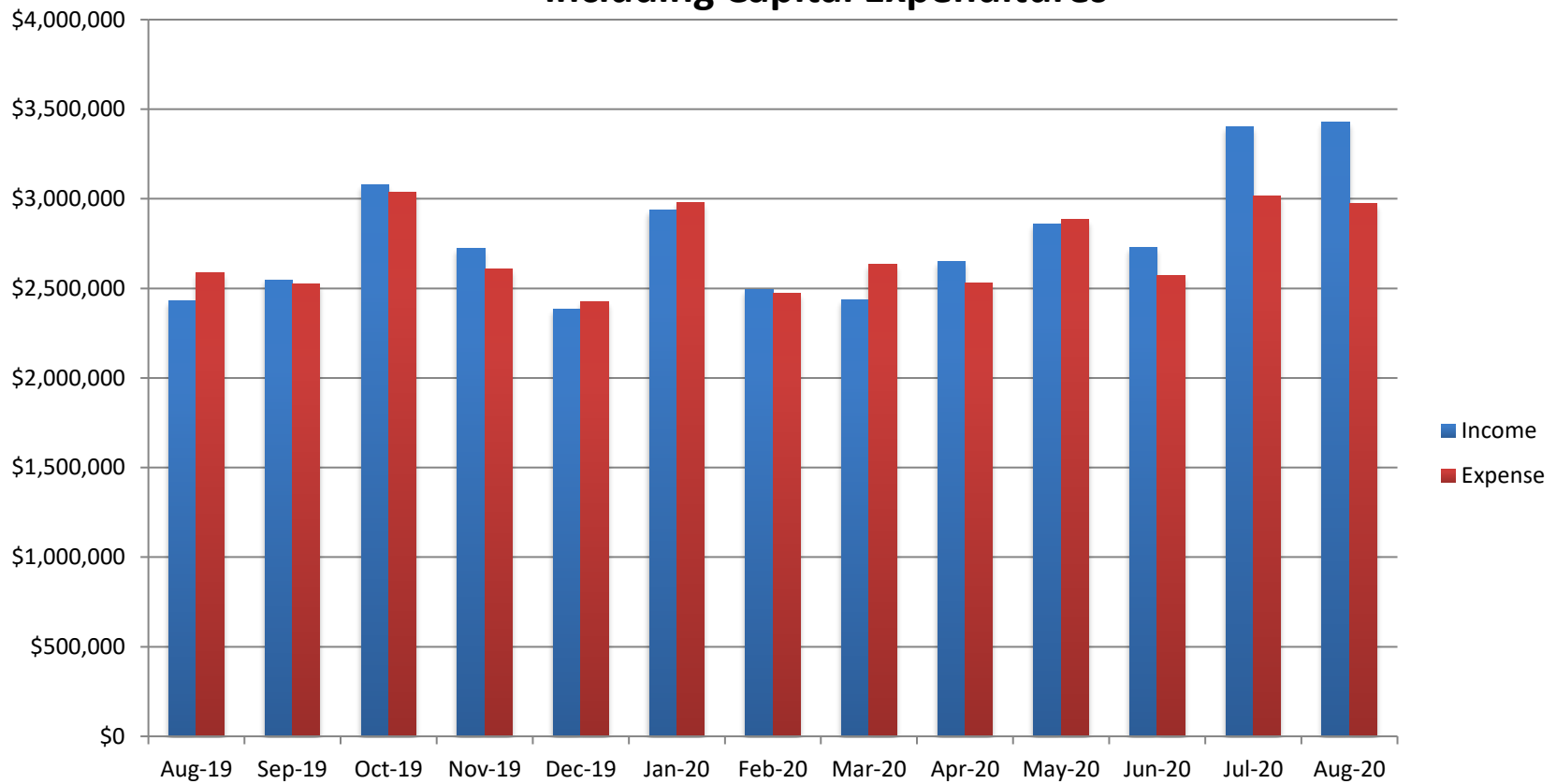
Debt Service and Fixed Asset Fund:			
Debt Service	253,504	92,972	160,533
Excess(Deficiency) of revenues over Expenses	253,504	92,972	160,533

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of August 2020

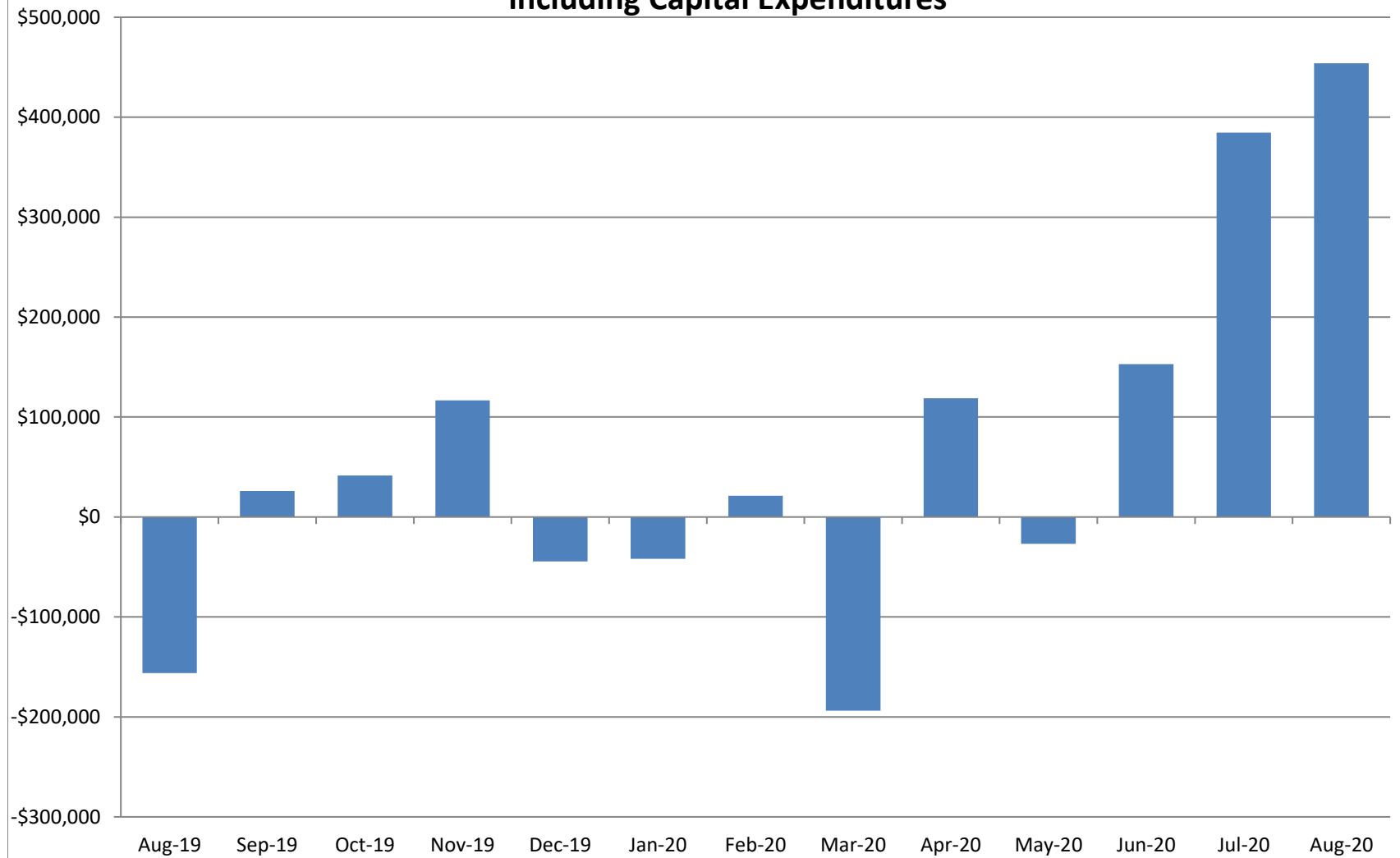
	YTD Mental Health August 2020	Preliminary YTD IDD August 2020	YTD Other Services August 2020	YTD Agency Total August 2020	YTD Approved Budget August 2020	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,012,329	(153,813)	(83,361)	1,775,155	1,737,552	37,603
Earned Income	5,778,451	4,420,810	4,038,393	14,237,653	14,143,799	93,854
General Revenue-Contract	14,729,229	1,868,196	1,052,373	17,649,798	17,692,815	(43,017)
TOTAL INCOME	\$ 22,520,009	\$ 6,135,193	\$ 5,007,405	\$ 33,662,606	\$ 33,574,166	\$ 88,440
EXPENSES:						
Salaries	12,810,239	3,068,786	2,931,463	18,810,488	19,041,000	(230,512)
Employee Benefits	2,361,643	619,714	569,911	3,551,269	3,586,000	(34,731)
Medication Expense	562,687	-	160,663	723,350	765,000	(41,650)
Travel-Board/Staff	142,800	80,408	38,569	261,777	259,050	2,727
Building Rent/Maintenance	274,172	15,711	9,978	299,860	289,274	10,586
Consultants/Contracts	3,449,070	1,030,384	385,309	4,864,763	4,899,000	(34,237)
Other Operating Expenses	1,637,757	558,953	344,961	2,541,670	2,635,914	(94,244)
TOTAL EXPENSES	\$ 21,238,368	\$ 5,373,956	\$ 4,440,854	\$ 31,053,178	\$ 31,475,238	\$ (422,061)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,281,641	\$ 761,237	\$ 566,551	\$ 2,609,428	\$ 2,098,928	\$ 510,501
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	202,104	42,699	77,177	321,981	322,494	(513)
Capital Outlay-Debt Service	869,487	230,158	179,012	1,278,657	1,301,550	(22,893)
TOTAL CAPITAL EXPENDITURES	\$ 1,071,591	\$ 272,857	\$ 256,189	\$ 1,600,638	\$ 1,624,044	\$ (23,406)
GRAND TOTAL EXPENDITURES	\$ 22,309,959	\$ 5,646,813	\$ 4,697,043	\$ 32,653,816	\$ 33,099,282	\$ (445,467)
Excess (Deficiency) of Revenues and Expenses	\$ 210,050	\$ 488,380	\$ 310,362	\$ 1,008,790	\$ 474,884	\$ 533,908
Debt Service and Fixed Asset Fund:						
Debt Service	869,487	230,158	179,012	1,278,657	1,301,550	(432,063)
Excess (Deficiency) of Revenues over Expenses	869,487	230,158	179,012	1,278,657	1,301,550	(432,063)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Preliminary Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Preliminary Income after Expense
including Capital Expenditures



Agenda Item: 4 th Quarter FY 2020 Quarterly Investment Report Committee: Business	Board Meeting Date September 24, 2020
Background Information: This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31, 2020

GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. ("Federated"). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	June	July	August
Uninvested Balance	(\$964,123.47)	\$468.57	\$675.33
Accrual of Interest Income	\$10,804,135.78	\$11,081,558.57	\$10,725,420.51
Interest and Management Fees Payable	(\$4,785,546.53)	(\$4,655,390.78)	(\$3,758,312.44)
Payable for Investments Purchased	(\$119,982,849.30)	(\$65,000,000.00)	(\$524,694,770.25)
Accrued Expense & Taxes	(\$30,052.55)	(\$28,524.18)	(\$24,756.25)
Repurchase Agreements	\$7,716,365,000.00	\$8,925,779,000.00	\$6,979,975,000.00
Mutual Fund Investments	\$1,958,074,000.00	\$2,249,074,000.00	\$2,654,074,000.00
Government Securities	\$7,893,327,442.10	\$7,426,090,744.19	\$6,870,018,892.75
U.S. Treasury Inflation Protected Securities	\$1,108,203,581.20	\$1,023,924,547.12	\$1,183,920,083.90
U.S. Treasury Bills	\$6,675,543,059.62	\$5,431,573,249.99	\$5,958,567,139.91
U.S. Treasury Notes	\$1,385,668,906.89	\$1,248,241,301.29	\$1,164,020,733.02
TOTAL	\$26,622,223,553.75	\$26,246,080,954.77	\$24,292,824,106.48

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$646.36	\$675.33
Accrual of Interest Income	\$12,876,227.67	\$10,725,420.51
Interest and Management Fees Payable	(\$6,330,736.51)	(\$3,758,312.44)
Payable for Investments Purchased	(\$629,732,075.00)	(\$524,694,770.25)
Accrued Expenses & Taxes	(\$89,938.47)	(\$24,756.25)
Repurchase Agreements	\$7,887,035,000.00	\$6,979,975,000.00
Mutual Fund Investments	\$2,632,074,000.00	\$2,654,074,000.00
Government Securities	\$8,687,747,772.10	\$6,867,842,620.66
U.S. Treasury Inflation Protected Securities	\$1,107,344,334.32	\$1,183,168,412.07
U.S. Treasury Bills	\$6,428,861,045.69	\$5,958,207,726.91
U.S. Treasury Notes	\$1,558,926,926.50	\$1,161,402,006.02
TOTAL	\$27,678,713,202.66	\$24,286,918,022.56

Portfolio by Maturity as of August 31, 2020

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
66.2%	19.9%	8.1%	5.8%

Portfolio by Type of Investments as of August 31, 2020

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
27.9%	28.1%	33.3%	10.7%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was .22% for June, 0.21% for July, and 0.18% for August.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of August 31, 2020 was 32 days.

The net asset value as of August 31, 2020 was 1.00025.

The total amount of interest distributed to participants during the period was \$13,199,162.41.

TexPool interest rates exceeded 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAm by Standard and Poor's.

During the reporting period, the total number of participants increased to 2,619.

Funds assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

Sheryl Baldwin
Manager of Accounting / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Evan Roberson
Executive Director / Investment Officer

Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2020
As of August 31, 2020**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 467.47	\$ 472.60	\$ 467.47	\$ 467.47	\$ 1,875.01
First Financial Bank CD	\$ 3,558.87	\$ 3,552.00	\$ 3,582.99	\$ 3,633.31	\$ 14,327.17
First Liberty National Bank	\$ 3.13	\$ 2.11	\$ 0.77	\$ 0.45	\$ 6.46
JP Morgan Chase (HBS)	\$ 9,428.53	\$ 7,752.69	\$ 2,152.36	\$ 885.68	\$ 20,219.26
Prosperity Bank (1060)	\$ 177.34	\$ 102.39	\$ 67.46	\$ 39.32	\$ 386.51
Prosperity Bank (1050)	\$ 9.94	\$ 6.55	\$ 5.91	\$ 5.04	\$ 27.44
TexPool Participants	\$ 305.18	\$ 180.60	\$ 169.07	\$ 33.83	\$ 688.68
Total Earned	\$ 13,950.45	\$ 12,068.94	\$ 6,446.03	\$ 5,065.10	\$ 37,530.52

Agenda Item: Board of Trustees Unit Financial Statement as of July and August 2020 Committee: Business	Board Meeting Date September 24, 2020
Background Information: None	
Supporting Documentation: July and August 2020 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2020

	July 2020 Actuals	July 2020 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 23,765.00	\$ 23,765.00	\$ -	100.00%	\$ 25,925.00
Total Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 23,765.00	\$ 23,765.00	\$ -	100.00%	\$ 25,925.00
Expenses								
Insurance-Worker Compensation	\$ 7.20	\$ 13.00	\$ (5.80)	\$ 99.16	\$ 137.00	\$ (37.84)	72.38%	\$ 150.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 16,500.00	\$ 16,500.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 15.00	\$ (15.00)	\$ 78.49	\$ 160.00	\$ (81.51)	0.00%	\$ 175.00
Training	\$ (2,375.00)	\$ 300.00	\$ (2,675.00)	\$ -	\$ 3,300.00	\$ (3,300.00)	0.00%	\$ 3,600.00
Travel - Local	\$ -	\$ 21.00	\$ (21.00)	\$ -	\$ 228.53	\$ (228.53)	0.00%	\$ 250.00
Travel - Non-local Mileage/Air	\$ -	\$ 125.00	\$ (125.00)	\$ 536.76	\$ 1,375.00	\$ (838.24)	39.04%	\$ 1,500.00
Travel - Non-local Hotel	\$ -	\$ 125.00	\$ (125.00)	\$ 228.58	\$ 1,375.00	\$ (1,146.42)	16.62%	\$ 1,500.00
Travel - Meals	\$ -	\$ 63.00	\$ (63.00)	\$ -	\$ 687.00	\$ (687.00)	0.00%	\$ 750.00
Total Expenses	\$ (867.80)	\$ 2,162.00	\$ (3,029.80)	\$ 17,442.99	\$ 23,762.53	\$ (6,319.54)	73.41%	\$ 25,925.00
Total Revenue minus Expenses	\$ 3,027.80	\$ (2.00)	\$ 3,029.80	\$ 6,322.01	\$ 2.47	\$ 6,319.54	26.59%	\$ -

Unit Financial Statement

FY 2020

	August 2020 Actuals	August 2020 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 25,925.00	\$ 25,925.00	\$ -	100.00%	\$ 25,925.00
Total Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 25,925.00	\$ 25,925.00	\$ -	100.00%	\$ 25,925.00
Expenses								
Insurance-Worker Compensation	\$ 3.20	\$ 228.00	\$ (224.80)	\$ 102.36	\$ 365.00	\$ (262.64)	28.04%	\$ 365.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 18,000.00	\$ 18,000.00	\$ -	100.00%	\$ 18,000.00
Postage	\$ 19.10	\$ -	\$ 19.10	\$ 19.10	\$ -	\$ 19.10	0.00%	\$ -
Supplies-Office	\$ -	\$ (0.97)	\$ 0.97	\$ 78.49	\$ 159.03	\$ (80.54)	0.00%	\$ 159.03
Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 3,300.00	\$ (3,300.00)	0.00%	\$ 3,300.00
Travel - Local	\$ -	\$ (80.93)	\$ 80.93	\$ -	\$ 147.60	\$ (147.60)	0.00%	\$ 147.60
Travel - Non-local Mileage/Air	\$ -	\$ (455.65)	\$ 455.65	\$ 536.76	\$ 919.35	\$ (382.59)	58.38%	\$ 919.35
Travel - Non-local Hotel	\$ -	\$ (532.79)	\$ 532.79	\$ 228.58	\$ 842.21	\$ (613.63)	27.14%	\$ 842.21
Travel - Meals	\$ -	\$ 4,473.00	\$ (4,473.00)	\$ -	\$ 5,160.00	\$ (5,160.00)	0.00%	\$ 5,160.00
Total Expenses	\$ 1,522.30	\$ 5,430.66	\$ (3,908.36)	\$ 18,965.29	\$ 28,893.19	\$ (9,927.90)	65.64%	\$ 28,893.19
Total Revenue minus Expenses	\$ 637.70	\$ (3,270.66)	\$ 3,908.36	\$ 6,959.71	\$ (2,968.19)	\$ 9,927.90	34.36%	\$ (2,968.19)

UPCOMING MEETINGS

October 22, 2020 – Board Meeting

- Program Presentation – Legislative Updates – Danette Castle with Texas Council of Community Centers
- Approve Minutes from September 24, 2020 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2020
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- Board of Trustees Oaths of Office (any not present in September)
- Personnel Report for September 2020
- Texas Council Risk Management Fund Claims Summary for September 2020
- Approve September 2020 Financial Statements
- Board of Trustees Unit Financial Statement for September 2020
- Foundation Board Update
- HUD 811 Updates – Montgomery, Cleveland and Huntsville

November 19, 2020 – Board Meeting

- Consumer Christmas Card Contest Winners Presentation
- Community Resources Report
- Consumer Services Report October 2020
- Program Updates
- Personnel Report October 2020
- Texas Council Risk Management Fund Claims Summary for October 2020
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for October 2020
- Board of Trustees Unit Financial Statement October 2020

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Crisis Counseling Program
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Abuse Disorders
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Services
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments

DUA	Data Use Agreement
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District

MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PNAC	Planning Network Advisory Committee
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention

TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correction Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Abuse)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

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